

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P33968 (9)**
1. Corporation Name
CFS SERVICE CORPORATION



Principal Place of Business: **DOLLAR BANK, FEDERAL SAVINGS BANK
THREE GATEWAY CENTER
PITTSBURGH PA 15222**
Mailing Address: **DOLLAR BANK, FEDERAL SAVINGS BANK
THREE GATEWAY CENTER
PITTSBURGH PA 15222**

| | | | |
|--------------------------------|-------------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 05/17/1991 | 3a. Date of Last Report 03/28/1995 |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number 34-1113503 | Applied For Not Applicable |
| 22. City & State | 27. City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. Zip | 28. Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Country | 29. Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | 10. Name and Address of New Registered Agent |
| | 81. Name |
| | 82. Street Address (P.O. Box Number is Not Acceptable) |
| | 83. |
| | 84. City |
| | 85. Zip Code FL |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------|---|---|
| TITLE | NAME | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | STREET ADDRESS | 1.2 NAME | |
| CITY-STATE-ZIP | CITY-STATE-ZIP | 1.3 STREET ADDRESS | |
| TITLE | NAME | 1.4 CITY-STATE-ZIP | |
| NAME | NAME | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | STREET ADDRESS | 2.2 NAME | |
| CITY-STATE-ZIP | CITY-STATE-ZIP | 2.3 STREET ADDRESS | |
| TITLE | NAME | 2.4 CITY-STATE-ZIP | |
| NAME | NAME | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | STREET ADDRESS | 3.2 NAME | |
| CITY-STATE-ZIP | CITY-STATE-ZIP | 3.3 STREET ADDRESS | |
| TITLE | NAME | 3.4 CITY-STATE-ZIP | |
| NAME | NAME | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | STREET ADDRESS | 4.2 NAME | |
| CITY-STATE-ZIP | CITY-STATE-ZIP | 4.3 STREET ADDRESS | |
| TITLE | NAME | 4.4 CITY-STATE-ZIP | |
| NAME | NAME | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | STREET ADDRESS | 5.2 NAME | |
| CITY-STATE-ZIP | CITY-STATE-ZIP | 5.3 STREET ADDRESS | |
| TITLE | NAME | 5.4 CITY-STATE-ZIP | |
| NAME | NAME | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | STREET ADDRESS | 6.2 NAME | |
| CITY-STATE-ZIP | CITY-STATE-ZIP | 6.3 STREET ADDRESS | |
| | | 6.4 CITY-STATE-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Scott G. O'Mara* **Scott G. O'MARA** 2/16/96 412 261 8928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)