

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 15222-1004
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3. Date Incorporated or Qualified 05/17/1991	3a. Date of Last Report 03/12/1996
4. FEI Number 34-1113503	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP PD SHELLEY, JOHN 10 EAST 3 GATEWAY CENTER PITTSBURGH PA	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP V BROOKS, BERT 9 EAST 3 GATEWAY CN PITTSBURGH PA	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP V DORNETTO, MARY ANNE 10 EAST, 3 GATEWAY CN. PITTSBURGH PA	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP S O'RORKE, MICHAEL 9 SOUTH, 3 GATEWAY CN PITTSBURGH PA	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP T DIMSHO, VICTOR 8 EAST, 3 GATEWAY CN. PITTSBURGH PA	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE <input checked="" type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP AT O'MARA, SCOTT 8 NORTH, 3 GATEWAY CN. PITTSBURGH PA	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP AT James T. Jurcic 8 North, 3 Gateway Center Pittsburgh, PA 15222

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or changed, or on an attachment with an address.

SIGNATURE:  **REQUIRED** James T. Jurcic 4/9/97 (412) 261-8928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #