

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 26 AM 8:40

DOCUMENT # **P35074** (4)

1. Corporation Name
CAPITAL ASSET SERVICES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: **7004 WEST BUTLER PIKE SECOND FLOOR AMBLER PA 19002**
Mailing Address: **7004 WEST BUTLER PIKE SECOND FLOOR AMBLER PA 19002**

3. Date Incorporated or Qualified: **07/15/1991**
3a. Date of Last Report: **02/07/1994**

2. Principal Place of Business: **21 222 E. MAIN STREET SUITE 102 COLLEGEVILLE, PA 19326**
2a. Mailing Address: **26 222 E. MAIN STREET SUITE 102 COLLEGEVILLE, PA 19326**

4. FEI Number: **23-2627657**
Applied For: Applied For Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes 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: _____ (Signature listed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when changing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIMACK, AURIN	2. NAME	
STREET ADDRESS	7004 WEST BUTLER PIKE	3. STREET ADDRESS	222 E. MAIN STREET, SUITE 102
CITY, ST, ZIP	AMBLER PA	4. CITY, ST, ZIP	COLLEGEVILLE, PA 19326
TITLE	VTS	21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, DAVID S.	22. NAME	
STREET ADDRESS	7004 WEST BUTLER PIKE	23. STREET ADDRESS	222 E. MAIN STREET, SUITE 102
CITY, ST, ZIP	AMBLER PA	24. CITY, ST, ZIP	COLLEGEVILLE, PA 19326
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, 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, only on attachment with an address.

SIGNATURE: _____ (Signature and typed or printed name of signing officer or director)
Date: **5/20/95 (610) 454-0006**