

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Apr 12, 1999 8:00 am Secretary of State 04-12-1999 90014 031 ***150.00

1999

DOCUMENT # P39378 1. Corporation Name

BENEFICIAL HOMEOWNER SERVICE CORPORATION

|--|

Principal Place	e of Business	Mailing Address								
ONE CHRISTINA 301 NORTH WA	LNUT STREET	300 BENEFICIAL CENTER PEAPACK NJ 07977				DO NOT WR	ITE IN THIS	SPACE		
WILMINGTON D	E 19801				-	3. Date Incorporated or Qualifed				
						06/23/1992				
2 Principal Pl	ace of Business	2a. Mailing Address			_	4. FEI Number		Ap	plied For	
21 27 0	so Sanders Ad	26 Same				51-0265509			t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.								\$8.75	Additional	
22 1410	27	o, ript. ir, oto.			5. Certificate of Status Desired		Fee Re			
City & State	<u> </u>	City & State				6. Election Campaign Financing	4 ,	\$5.00	May Be	
23 Prosp	والمستهمين المستهمين	28				Trust Fund Contribution		Added t		
Zip	Country	Zip Country				8. This corporation owes the cur-	rent year Inta	angible		
24 600	70 25 COOK	29 30	7			Personal Property Tax.		☐ Yes	□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New	Registered A	Agent		
			81	Na	lame				}	
	CORPORATION SYSTEM		82 Street Ac			s (P.O. Box Number is Not Accept	able)		-	
1200 SOUTH PINE ISLAND ROAD				`						
PLANTATION FL 33324			83							
			84	C	City	, d. 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10.	FI	85 Zip (Code	
				<u>L_</u>		the subsection this statement for the		changing ite	registered	
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										
<u>-</u>	Signature, typed or printed name of registered agent			nt sigr	nature required w	hen reinstating) ADDITIONS/CHANGES TO OF	DATE AN	ID DIDECTO	DS IN 12	
12.	OFFICERS AND		13.		10-	esident	FICERS AN	Change	Addition	
TITLE	PD	X DELETE	1.1 ΠTLE			s. Gilmer ~		□ ondingo	ZX//taditio//	
NAME	MOHAN, FRANCIS X		1.2 NAME		0.0	100 Sanders F	Road			
STREET ADDRESS	100 BUSINESS CENTER DR.		1.3 STREE					1.00	~~~	
CITY+ST+ZIP	BREWSTER NY	Mor ere	1.4 CITY-5	T-ZIP		ospect Height	2, 1-C	(<u>@</u> C)C ☐ Change	Addition	
TITLE	VTD	DELETE	2.1 TITLE			cretary		☐ Cilarige	* Addition	
NAME	DAWSON, ELIZABETH A		2.2 NAME		K.	K. Curtin 100 sanders 1	Boad			
STREET ADDRESS	301 N. WALNUT ST.		2.3 STREE		۱ ۸			~, ,	~~~	
CITY-ST-ZIP	WILMINGTON DE -	Mari str	2. 4 CITY-	ST-ZIF		ospect Heigh	12' T	_ <u>C</u> Change	Addition	
TITLE	VSD	DELETE	3.1 TITLE			reasurer		☐ ¢nange	- Andrian	
NAME	LEWIS, JANICE L		3.2 NAME		B	B moss, Sr. 100 Sanders	2004		Ì	
STREET ADDRESS	301 N. WALNUT ST.		3.3 STREE		- I		1000 - T	1-0	070	
CITY-ST-ZIP	WILMINGTON DE	Non ETC	3.4. CITY-	ST-ZIF		cospect Neight	<u> </u>	— Change	Addition	
TITLE	VD	DELETE	4.1 TITLE			rector		Change	Aradion	
NAME	DOYLE, MICHAEL G		4. 2 NAME		1 ~-	w. Blenke 100 Sanders 1	Sood			
STREET ADDRESS	100 BUSINESS CENTER DR.		4.3 STREE				- T	1 1-0	5 0.70	
CITY-ST-ZIP	BREWSTER NY		4.4 CITY-5	T-ZIP		ospect Height	15, and	☐ Change	XAddition	
TITLE		☐ DELETE	5.1 TITLE			rector		Clarige	Magnion.	
NAME (5.2 NAME		m	. A. Deluca	~ d · · ·			
STREET ADDRESS			5.3 STREE	1	1 4	100 Sanders PK	, 	1 - ~	~~/~	
CITY-ST-ZIP			5.4 CITY-5	T-ZIP	- 	<u>ospect height</u>	<u>5,41</u>	- Le O		
TITLE		☐ DELETE	6.1 TITLE		, -	st. Secretary		☐ Change	Addition	
NAME			6.2 NAME		R.	5. Winder			į	

14. I 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 by 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, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

2700

Daytime Phone #