

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P39853** (7)

1. Corporation Name  
**GUARDIAN INVESTOR SERVICES CORPORATION**



Principal Place of Business: **201 PARK AVE. SOUTH NEW YORK NY 10003**  
Mailing Address: **ATTN: LYNN KUTZERA P.O. BOX 26220 LEIGH HIGH VALLY PA 18002**

3. Date Incorporated or Qualified <b>07/30/1992</b>	3a. Date of Last Report <b>02/01/1995</b>
4. FEI Number <b>13-2615338</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Zip
27. Country	28. Country

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 85. Zip Code
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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: PD	NAME: SMITH, JOHN M. STREET ADDRESS: 201 PARK AVENUE SOUTH CITY- ST- ZIP: NEW YORK NY	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE: V	NAME: ALBERS, CHARLES E. STREET ADDRESS: 201 PARK AVENUE SOUTH CITY- ST- ZIP: NEW YORK NY	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE: VD	NAME: KANE, EDWARD K. STREET ADDRESS: 201 PARK AVENUE SOUTH CITY- ST- ZIP: NEW YORK NY	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE: C	NAME: POTTER, RICHARD T., JR STREET ADDRESS: 201 PARK AVENUE SOUTH CITY- ST- ZIP: NEW YORK NY	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE: VP	NAME: HICKEY, THOMAS R JR. STREET ADDRESS: 210 PARK AVE, SOUTH CITY- ST- ZIP: NEW YORK NY	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE: T	NAME: EMANUELE, JOHN STREET ADDRESS: 201 PARK AVENUE SOUTH CITY- ST- ZIP: NEW YORK NY	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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: *Thomas R. Hickey* 2/13/96 6010-807-7725  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)