FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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	Mailing Address
201 PARK AVE. SOUTH NEW YORK NY 10003	ATTN: ~~LYNN KUTZERA~~ Lisa Keyock P.O. BOX 26220 ~~LEIGH HIGH VALLY PA 18002-6220~~ Lehigh Valley, PA 18002-6220

3. Date Incorporated or Qualified: 07/30/1992
3a. Date of Last Report: 02/27/1996

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 13-2615338 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

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
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, JOHN M.		1.2 NAME		
STREET ADDRESS	201 PARK AVENUE SOUTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ALBERS, CHARLES E.		2.2 NAME		
STREET ADDRESS	201 PARK AVENUE SOUTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KANE, EDWARD K.		3.2 NAME		
STREET ADDRESS	201 PARK AVENUE SOUTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	POTTER, RICHARD T., JR		4.2 NAME		
STREET ADDRESS	201 PARK AVENUE SOUTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HICKEY, THOMAS R JR.		5.2 NAME	600002116286 -03/18/97--01077--005 VB 3-17 ***165.00	
STREET ADDRESS	210 PARK AVE, SOUTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE	T	☒ Change ☐ Addition
NAME	EMANUELE, JOHN		6.2 NAME	EARL HARRY	
STREET ADDRESS	201 PARK AVENUE SOUTH		6.3 STREET ADDRESS	201 PARK AVENUE South	
CITY-ST-ZIP	NEW YORK NY		6.4 CITY-ST-ZIP	NEW YORK, NY	

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 if changed, or on an attachment with an address.

SIGNATURE: Thomas R. Hickey Jr. 3/3/97 212-598-8390
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR DATE TELEPHONE NUMBER

CR2E034 (9/96)