

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90065 031 ***150.00

0608733

DOCUMENT # P40469

1. Entity Name
ADVANTA CORP.

Principal Place of Business
**WELSH & MC KEAN ROADS
 SPRING HOUSE PA 19477-0844**

Mailing Address
**WELSH & MC KEAN ROADS
 SPRING HOUSE PA 19477-0844**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-1462070**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRENTICE HALL CORPORATION SYSTEM, INC.
 1201 HAYES STREET
 STE. 105
 TALLAHASSEE FL 32301**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUNKELBERG, WILLIAM C	
STREET ADDRESS	13 AND MONTGOMERY STREET	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	DCEO	<input checked="" type="checkbox"/> Delete
NAME	HART, ALEX W	
STREET ADDRESS	WELSH & MC KEAN ROADS	
CITY-ST-ZIP	SPRING HOUSE PA 19477-0844	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	ROSOFF, WILLIAM A	
STREET ADDRESS	WELSH & MC KEAN ROADS	
CITY-ST-ZIP	SPRING HOUSE PA 19477-0844	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELLIS, ARTHUR P.	
STREET ADDRESS	455 ADDISON PK. LN.	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOTEL, MAX	
STREET ADDRESS	10 PENN CENTER, #800	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNN, DANA B	
STREET ADDRESS	211 MONUT AIRY ROAD	
CITY-ST-ZIP	BASKING RIDGE NJ	

TITLE	D/C/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALTER, DENNIS	
STREET ADDRESS	WELSH & MC KEAN ROADS	
CITY-ST-ZIP	Spring House, PA 19477	
TITLE	SVP/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWNE, PHILIP	
STREET ADDRESS	WELSH & MC KEAN ROADS	
CITY-ST-ZIP	Spring House, PA 19477	
TITLE	D/VC/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAI, ELIZABETH	
STREET ADDRESS	WELSH & MC KEAN ROADS	
CITY-ST-ZIP	SPRING HOUSE, PA 19477	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 Four Falls Corp. Center, Suite 209	
CITY-ST-ZIP	West Conshohocken, PA 19428	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	38 Ball Road	
CITY-ST-ZIP	Mountain Lakes, NJ 07046	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan Giusti
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Giusti, Assistant Secretary 215-444-5393

Date

Daytime Phone #

CR2E034 (10/00)

40049870 DOC. # P40469

**FLORIDA DEPARTMENT OF STATE
ANNUAL REPORT 2001 FOR ADVANTA CORP.**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLAFSSON, OLAF Welsh and McKean Roads Spring House, PA 19477 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOLPER, MICHAEL Welsh and McKean Roads Spring House, PA 19477 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KSANSNAK, JAMES Welsh and McKean Roads Spring House, PA 19477 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUBNER, RONALD Welsh and McKean Roads Spring House, PA 19477 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/CIO DIWILLIAMS, LENNY Welsh and McKean Roads Spring House, PA 19477 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T BECK, JEFFREY Welsh and McKean Roads Spring House, PA 19477 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DENTON, JEFFREY Welsh and McKean Roads Spring House, PA 19477 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOF, LAURENCE Welsh and McKean Roads Spring House, PA 19477 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOWLEY, ANNE Welsh and McKean Roads Spring House, PA 19477 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACOBSON, ALLYN Welsh and McKean Roads Spring House, PA 19477 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAHONEY, THOMAS Welsh and McKean Roads Spring House, PA 19477 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REID, CATHERINE Welsh and McKean Roads Spring House, PA 19477 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALINGER, FRANK Welsh and McKean Roads Spring House, PA 19477 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALP, JOHN Welsh and McKean Roads Spring House, PA 19477 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEINSTOCK, DAVID Welsh and McKean Roads Spring House, PA 19477 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILF, MARCI Welsh and McKean Roads Spring House, PA 19477 <input type="checkbox"/> Change <input type="checkbox"/> Addition

Attachment A10049870

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GIUSTI, SUSAN Welsh and McKean Roads Spring House, PA 19477 <input type="checkbox"/> Change <input type="checkbox"/> Addition