


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90025 012 ***150.00

DOCUMENT # P40469	
1. Entity Name ADVANTA CORP.	

Principal Place of Business WELSH & MC KEAN ROADS PO BOX 918 SPRING HOUSE, PA 19477-0844	Mailing Address WELSH & MC KEAN ROADS PO BOX 918 SPRING HOUSE, PA 19477-0844
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54000239



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01122004 Chg-P CR2E034 (10/03)

4. FEI Number 23-1462070	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required:	

6. Name and Address of Current Registered Agent PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYES STREET STE. 105 TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent	
		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO ALTER, DENNIS WELSH MCKEAN ROADS SPRING HOUSE, PA 19477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC BROWNE, PHILIP WELSH & MC KEAN ROADS SPRING HOUSE, PA 194770844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCP ROSOFF, WILLIAM A WELSH & MC KEAN ROADS SPRING HOUSE, PA 194770844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS MAI, ELIZABETH WELSH & MCKENA ROADS SPRING HOUSE, PA 19477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOTEL, MAX 13813 LAHAVRE DRIVE WEST PALM BEACH, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GIUSTI, SUSAN PO BOX 918 SPRING HOUSE, PA 19477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Giusti **1-20-04** **215-444-5393**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

54000239

DIRECTORS

NAME: Arthur Bellis
TITLE: D
ADDRESS: 1008 E. Hopkins Avenue
Aspen, CO 81611

NAME: Dana Becker Dunn
TITLE: D
ADDRESS: 38 Ball Road
Mountain Lake, NJ 07046

NAME: Robert S. Blank
TITLE: D
ADDRESS: 1187 Wrack Road
Meadowbrook, PA 19046

NAME: Olaf Olafsson
TITLE: D
ADDRESS: 23 East 94th Street, 4th Floor
New York, NY 10128

NAME: Michael A. Stolper
TITLE: D
ADDRESS: 1504 Grand Oak Lane
West Chester, PA 19380

NAME: Robert H. Rock
TITLE: D
ADDRESS: 1313 Lafayette Road
Gladwyne, PA 19035

NAME: Ronald Luber
TITLE: D
ADDRESS: Southridge Hook Lane
Shere Near Guildford
Surrey, England Gu5 9QH

Attachment
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OFFICERS

NAME: Lenny DiWilliams
TITLE: SVP/CIO
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

NAME: Anne Howley
TITLE: SVP
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

NAME: Chris Carroll
TITLE: CCO
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

NAME: Michael Coco
TITLE: T
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

NAME: Laurence Hof
TITLE: VP
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

NAME: Allyn H. Jacobson
TITLE: V, Advertising
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

Attachments

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NAME: Thomas Mahoney
TITLE: V, Corporate Audit
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

NAME: Michael Paschal
TITLE: V/ IT
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

NAME: Catherine Reid
TITLE: V, Human Resources and Corporate Communications
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

NAME: Frank Salinger
TITLE: V
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

NAME: David B. Weinstock
TITLE: V/CAO
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

NAME: Cathy Wilson
TITLE: Controller
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

NAME: Marci Wilf
TITLE: V/CA
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

NAME: John Moore
TITLE: AT
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

Attachment

#040469

54000239

NAME: Liane Browne
TITLE: V/AS
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477