

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90134 037 ***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**



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

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

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	SVPC BROWNE, PHILIP WELSH & MC KEAN ROADS SPRING HOUSE PA 19477-0844	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCP ROSOFF, WILLIAM A WELSH & MC KEAN ROADS SPRING HOUSE PA 19477-0844	<input type="checkbox"/> Delete
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	D BOTEL, MAX 100 FOUR FALLS CORP. CENTER, STE 209 WEST CONSHOCKEN PA 19428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, DANA B 38 BALL RD. MOUNTAIN LAKES NJ 07046	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Signature **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03

Date

Daytime Phone #

CR2E034 (10/02)

DIRECTORS

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

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

Attachment

10006533

P40469

OFFICERS

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

NAME: Jeffrey D. Beck
TITLE: V/T
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

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

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

NAME: Anne Howley
TITLE: V
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

Attachment

10006533

P40469

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, 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: John Walp
TITLE: V/HR
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

Attachment
10006533
P40469

NAME: Michael Coco
TITLE: AT
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

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

NAME: Susan Giusti
TITLE: AS
ADDRESS: Welsh & McKean Rds
P.O. Box 918
Spring House, PA 19477