

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000004368 (6)**

1. Corporation Name  
**ADVANTA NAME CORP.**



Principal Place of Business: **FIVE HORSHAM BUSINESS CENTER, 300 WELSH RD, HORSHAM PA 19044**  
Mailing Address: **FIVE HORSHAM BUSINESS CENTER, 300 WELSH RD, HORSHAM PA 19044**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: **08/23/1994**  
3a. Date of Last Report: **03/16/1995**  
4. FEI Number: **23-2741080**  
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 ST., STE. 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  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0507 and 607.1505, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature (type or print name, street address, city, state, and zip code)

(Date) (type or print name, street address, city, state, and zip code)

(Date)

**OFFICERS AND DIRECTORS**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	Change Addition
	<b>C ALTER, DENNIS</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>300 WELSH ROAD</b>	12. NAME	
CITY-STATE-ZIP	<b>HORSHAM PA 19044</b>	13. STREET ADDRESS	
	<b>DP GREENAWALT, RICHARD A</b>	14. CITY-STATE-ZIP	
STREET ADDRESS	<b>300 WELSH ROAD</b>	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	<b>HORSHAM PA 19044</b>	22. NAME	
	<b>DV JOHN, JAMES W</b>	23. STREET ADDRESS	
STREET ADDRESS	<b>300 WELSH ROAD</b>	24. CITY-STATE-ZIP	
CITY-STATE-ZIP	<b>HORSHAM PA 19044</b>	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>VS SCHNEYER, GENE S</b>	32. NAME	
STREET ADDRESS	<b>300 WELSH ROAD</b>	33. STREET ADDRESS	
CITY-STATE-ZIP	<b>HORSHAM PA 19044</b>	34. CITY-STATE-ZIP	
	<b>T CALAMARI, JOHN</b>	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>300 WELSH ROAD</b>	42. NAME	
CITY-STATE-ZIP	<b>HORSHAM PA 19044</b>	43. STREET ADDRESS	
	<b>AS DEAGLER, CAROL J</b>	44. CITY-STATE-ZIP	
STREET ADDRESS	<b>300 WELSH ROAD</b>	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	<b>HORSHAM PA 19044</b>	52. NAME	
		53. STREET ADDRESS	
		54. CITY-STATE-ZIP	
		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62. NAME	
		63. STREET ADDRESS	
		64. CITY-STATE-ZIP	

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: *Carol J Deagler*  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**CAROL J DEAGLER, ASSISTANT SECRETARY**

3/20/96 (215) 784-5391  
Date Registered Office

CR2E034 (12/95)