

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 28 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P13932 (9)

1. Corporation Name
ADVANTA MORTGAGE CORP. USA



| | |
|---|---|
| Principal Place of Business 500 OFFICE CENTER DRIVE FORT WASHINGTON PA 19034 | Mailing Address 500 OFFICE CENTER DRIVE FORT WASHINGTON PA 19034 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|---|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | | 3. Date Incorporated or Qualified 04/07/1987 | |
| 4. FEI Number 23-2532654 | | Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent STRALEY, MARK K AKERMAN, SENTERFITT, EIDSON & MOFFITT 100 SOUTH ASHLEY DRIVE, SUITE 1500 TAMPA FL 33601-3273 | | | | 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 _____ (NO) Registered Agent signature required when reinstating _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WESSELINK, DAVID D | 1.2 NAME | |
| STREET ADDRESS | WELSH & MCKEAN ROADS | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SPRING HOUSE PA | 1.4 CITY-ST-ZIP | |
| TITLE | DP <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RISEMAN, MILTON | 2.2 NAME | |
| STREET ADDRESS | 500 OFFICE CENTER DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FORT WASHINGTON PA 19034 | 2.4 CITY-ST-ZIP | |
| TITLE | SVP <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BURCH, CARY G | 3.2 NAME | |
| STREET ADDRESS | 16875 W BERNARDO DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAN DIEGO CA | 3.4 CITY-ST-ZIP | |
| TITLE | SVP <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARLAND, WILLIAM P | 4.2 NAME | |
| STREET ADDRESS | 16875 W BERNARDO DR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAN DIEGO CA | 4.4 CITY-ST-ZIP | |
| TITLE | SVP <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HEDGE, LARRY F | 5.2 NAME | |
| STREET ADDRESS | 500 OFFICE CENTER DR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT WASHINGTON PA | 5.4 CITY-ST-ZIP | |
| TITLE | SVP <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAISER, WILLIAM D | 6.2 NAME | |
| STREET ADDRESS | 500 OFFICE CENTER DR | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT WASHINGTON PA | 6.4 CITY-ST-ZIP | |

14. 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 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.

[Handwritten Signature]

CR2E034 (10/97)

**FLORIDA DEPARTMENT OF STATE
1998 ANNUAL REPORT FOR ADVANTA MORTGAGE CORP. USA**

ITEM 13: - ATTACHMENT / ADDITIONAL LIST

OFFICERS:

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