

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-17-2003 90031 009 ***150.00

DOCUMENT # P13932

1. Entity Name
ADVANTA MORTGAGE CORP. USA



Principal Place of Business
**WELSH & MCKEAN ROADS
P.O. BOX 918
SPRING HOUSE PA 19477
US**

Mailing Address
**WELSH & MCKEAN ROADS
P.O. BOX 918
SPRING HOUSE PA 19477
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-2532654**

Applied For
Not Applicable

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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	<input type="checkbox"/> Delete
DCEO	ALTER, DENNIS	WELSH & MCKEAN ROADS, P.O. BOX 918	SPRING HOUSE PA 19477	<input type="checkbox"/>
DVCP	ROSOFF, WILLIAM A	WELSH & MCKEAN ROADS, P.O. BOX 918	SPRING HOUSE PA 19477	<input type="checkbox"/>
DSV	BECK, JEFFREY D	WELSH & MCKEAN ROADS, P.O. BOX 918	SPRING HOUSE PA 19477	<input type="checkbox"/>
DSVC	BROWNE, PHILIP M	WELSH & MCKEAN ROADS, P.O. BOX 918	SPRING HOUSE PA 19477	<input type="checkbox"/>
SVCI	DIWILLIAMS, LENNY	WELSH & MCKEAN ROADS, P.O. BOX 918	SPRING HOUSE PA 19477	<input type="checkbox"/>
SVS	MAI, ELIZABETH H	WELSH & MCKEAN ROADS, P.O. BOX 918	SPRING HOUSE PA 19477	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D/V/T	Beck, Jeffrey D.	Welsh & McKean Rds., PO Box 918	Spring House, PA 19477	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/SV/CF0	Browne, Philip M.	Welsh & McKean Rds., PO Box 918	Spring House, PA 19477	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (10/02)

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 #

Attachment

Doc. # 013932

Advanta Mortgage Corp. USA-FL P 13932

30012242

OFFICERS

NAME: William Bracken
TITLE: V
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: Donna Butz
TITLE: V
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

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

NAME: Michael Coco
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

Attachment

BU.#

P13932

30012242

NAME: Marci Wilf
TITLE: V, CA
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