

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P10140** (2)

1. Corporation Name

**EASTERN MORTGAGE SERVICES, INC.**



Principal Place of Business

Mailing Address

2655 INTERPLEX DR.  
TREVOSE PA 19053

2655 INTERPLEX DR.  
TREVOSE PA 19053

3. Date Incorporated or Qualified <b>05/19/1986</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>23-2387190</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIMPSON, LARRY D. ESQ  
KITCHEN, JUDKINS, SIMPSON & HIGH  
1102 N. GADSDEN STREET  
TALLAHASSEE FL 32303**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	
85. Zip Code	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 607.0506, Florida Statutes.

SIGNATURE

(Signature of officer or director of registered agent is not required) (Name of Registered Agent is not required when remaining the same) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, RICHARD W.	1.2 NAME	
STREET ADDRESS	2055 INTERPLAX DRIVE	1.3 STREET ADDRESS	2655 Interplex Drive
CITY- ST- ZIP	TREVOSE PA	1.4 CITY- ST- ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, WILLIAM	2.2 NAME	P - Wholesale Div. Kelley, William
STREET ADDRESS	2655 INTERPLEX DR.	2.3 STREET ADDRESS	4 Sawgrass Village, Ste. 205D
CITY- ST- ZIP	TREVOSE PA	2.4 CITY- ST- ZIP	Ponte Vedra, FL 32082
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELKA, GABRIELLE	3.2 NAME	Beam, Theresa M.
STREET ADDRESS	2655 INTERPLEX DR.	3.3 STREET ADDRESS	2655 Interplex Drive
CITY- ST- ZIP	TREVOSE PA	3.4 CITY- ST- ZIP	Trevose, PA 19053
TITLE	EVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, ANDREW H.	4.2 NAME	
STREET ADDRESS	2655 INTERPLEX DR.	4.3 STREET ADDRESS	
CITY- ST- ZIP	TREVOSE PA	4.4 CITY- ST- ZIP	
TITLE	EVP	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNDAKER, ROBERT	5.2 NAME	P - Retail Div.
STREET ADDRESS	2655 INTERPLAX DRIVE	5.3 STREET ADDRESS	2655 Interplex Drive
CITY- ST- ZIP	TREVOSE PA	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew H. Murray, Executive Vice President

1-31-96

215-245-2626

Date Daytime Phone #

CR2E034 (12/95)