

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

FILED

**May 15 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P10140 (2)

1. Corporation Name
EASTERN MORTGAGE SERVICES, INC.



Principal Place of Business 2655 INTERPLEX DR. TREVOSE PA 19053	Mailing Address 2655 INTERPLEX DR. TREVOSE PA 19053
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DO NOT WRITE IN THIS SPACE

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	30 Country

3. Date Incorporated or Qualified 05/19/1986	
4. FEI Number 23-2387190	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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BLANTON, EDWIN F
825 THOMASVILLE ROAD
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	B5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President and CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAYNE, RICHARD W.	1.2 NAME	William T. Burke
STREET ADDRESS	2655 INTERPLEX DRIVE	1.3 STREET ADDRESS	213 Market St., PO BOX 2961
CITY-ST-ZIP	TREVOSE PA 19053	1.4 CITY-ST-ZIP	Harrisburg, PA 17105
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	EVP & CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAHERTY, ALICE D	2.2 NAME	
STREET ADDRESS	2655 INTERPLEX DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TREVOSE PA 19053	2.4 CITY-ST-ZIP	
TITLE	EVP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	President, EMS Financial <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORTON, JOSEPH	3.2 NAME	James R. Hayden
STREET ADDRESS	2655 INTERPLEX DR.	3.3 STREET ADDRESS	Eight Neshaminy Interplex, Suite
CITY-ST-ZIP	TREVOSE PA 19053	3.4 CITY-ST-ZIP	Trevoese, PA 19053 115
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURRAY, ANDREW H.	4.2 NAME	Maureen G. Garling
STREET ADDRESS	2655 INTERPLEX DR.	4.3 STREET ADDRESS	2655 Interplex Drive
CITY-ST-ZIP	TREVOSE PA	4.4 CITY-ST-ZIP	Trevoese, PA 19053
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUNDAKER, ROBERT	5.2 NAME	George W. King
STREET ADDRESS	2655 INTERPLEX DRIVE	5.3 STREET ADDRESS	213 Market St., PO Box 2961
CITY-ST-ZIP	TREVOSE PA	5.4 CITY-ST-ZIP	Harrisburg, PA 17105
TITLE	EVP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROTON, KEVIN	6.2 NAME	Catherine M. Bush
STREET ADDRESS	2655 INTERPLEX DR.	6.3 STREET ADDRESS	213 Market St., PO BOX 2961
CITY-ST-ZIP	TREVOSE PA 19053	6.4 CITY-ST-ZIP	Harrisburg, PA 17105

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.

Alice D. Flaherty *Alice D. Flaherty* (215) 245-2626

CR2E034 (10/97)

EASTERN MORTGAGE SERVICES, INC.
Principal Officers

<u>Name</u>	<u>Title</u>	<u>Business Address</u>
William T. Burke	President & CEO	Dauphin Deposit Corp. 213 Market Street P.O. Box 2961 Harrisburg, PA 17105
Alice D. Flaherty	EVP and CFO	2655 Interplex Drive Trevose, PA 19053
James R. Hayden	President, EMS Financial	Eight Neshaminy Interplex Suite 115 Trevose, PA 19053
Maureen G. Garling	Secretary	2655 Interplex Drive Trevose, PA 19053
George W. King	Asst. Secretary	Dauphin Deposit Corp. 213 Market Street P.O. Box 2961 Harrisburg, PA 17105
Catherine M. Bush	Asst. Secretary	Dauphin Deposit Corp. 213 Market Street P.O. Box 2961 Harrisburg, PA 17105

***EASTERN MORTGAGE SERVICES, INC.
DIRECTORS***

<u>Name</u>	<u>Title</u>	<u>Business Address</u>
William T. Burke	Director	Dauphin Deposit Corp. 213 Market Street P.O. Box 2961 Harrisburg, PA 17105
Robert L. Fryer Jr.	Director	Dauphin Deposit Corp. 213 Market Street P.O. Box 2961 Harrisburg, PA 17105
Paul Shannon	Director	Dauphin Deposit Corp. 213 Market Street P.O. Box 2961 Harrisburg, PA 17105
Donald Ross	Director	3607 Derry Street Harrisburg, PA 17111
George W. King	Director	Dauphin Deposit Corp. 213 Market Street P.O. Box 2961 Harrisburg, PA 17105