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May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90129 040 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P35074

1. Corporation Name  
CAPITAL ASSET SERVICES, INC.

Principal Place of Business: 222 E MAIN ST SUITE 102 COLLEGEVILLE PA 19426 US  
Mailing Address: 222 E MAIN ST SUTIE 102 COLLEGEVILLE PA 19426 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1991  
4. FEI Number: 23-2627657  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation owes the current year Intangible Personal Property Tax: No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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: [Signature] DATE: [Date]

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: CDP  
1.2 NAME: PRIMACK, AURIN  
1.3 STREET ADDRESS: 22 E MAIN ST SUITE 102  
1.4 CITY-ST-ZIP: COLLEGEVILLE PA  
2.1 TITLE: VTS  
2.2 NAME: GRAY, DAVID S.  
2.3 STREET ADDRESS: 222 E MAIN ST SUTIE 102  
2.4 CITY-ST-ZIP: COLLEGEVILLE PA

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] Date: 05/07/99 Daytime Phone #: 610 454 0900

CR2E034 (11/98)