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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 807189 (6)
1. Corporation Name
COMMERCIAL CREDIT CORPORATION



Principal Place of Business
300 ST PAUL PLACE
BALTIMORE MD 21202

Mailing Address
300 ST PAUL PLACE
BSP100
BALTIMORE MD 21202-2120
US

3. Date Incorporated or Qualified 11/13/1946
3a. Date of Last Report 04/10/1996
4. FEI Number 52-0278518
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ 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

Country

28 Zip

Country

24

25

29

30

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE AS
NAME CANEDY, K.A.
STREET ADDRESS 300 ST. PAUL PLACE
CITY-ST-ZIP BALTIMORE, MD 0

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME GALLAGHER, J.L.
STREET ADDRESS 300 ST. PAUL PLACE
CITY-ST-ZIP BALTIMORE, MD 0

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VPS
NAME MCCLUNG, A. K. JR.
STREET ADDRESS 300 ST. PAUL PLACE
CITY-ST-ZIP BALTIMORE, MD 0

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD
NAME MURPHY, J. P.
STREET ADDRESS 300 ST. PAUL PLACE
CITY-ST-ZIP BALTIMORE, MD 0

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE PD
NAME DUVALL, J. B.
STREET ADDRESS 300 ST. PAUL PLACE
CITY-ST-ZIP BALTIMORE, MD 0

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE T
NAME BYRNE, D.A.
STREET ADDRESS 300 ST. PAUL PLACE
CITY-ST-ZIP BALTIMORE MD

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *K.A. Canedy* K.A. Canedy, Asst. Secy. 4/24/97 410-332-3111

CR2E034 (9/96)