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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT (

Sandra B. Morth

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 852528

COMMERCIAL CREDIT LOANS, INC.

Principal Place of Business Mailing Address 300 ST. PAUL PLACE 300 ST. PAUL PLACE BALTIMORE MD 21202 BALTIMORE MD 21202

FILED Apr 16 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/09/1982 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 21 26 52-0799008 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zio 8. This corporation owes or has paid the current year Intangible □ No 24 25 29 Personal Property Tax due June 30. X Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 ВЗ 84 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 tribut applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE JONES, J.I. NAME 1.2 NAME 300 ST. PAUL PLACE STREET ADDRESS 1.3 STREET ADDRESS **BALTIMORE MD** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 100 E MURPHY, J.P. NAME 2.2 NAME 300 ST. PAUL PLACE STREET ADDRESS 2.3 STREET ADDRESS BALTIMORE MD CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition DUVALL, J. B. 3.2 NAME 300 ST. PAUL PLACE STREET ADDRESS 3.3 STREET ADDRESS **BALTIMORE MD** CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE MCCLUNG, K. A. NAME 4. 2 NAME 300 ST. PAUL PLACE STREET ADDRESS 4.3 STREET ADDRESS BALTIMORE MD CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE BYRNE, D.A. NAME STREET ADDRESS 300 ST. PAUL PLACE 5.3 STREET ADDRESS BALTIMORE MD CITY-ST-ZIP 5.4 CiTY - S1 - ZIP DELETE Change Addition TITLE 6.1 TITLE CANEDY, K.A. NAME 6.2 NAME 300 ST. PAUL PLACE STREET ADDRESS 63 STREET ADDRESS **BALTIMORE MD** CITY-ST-ZIP 64 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.

4/1/100

(UIN) BZB. RXY

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