SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 8:57

DOCUMENT # **F93000001644 (4)**

1. Corporation Name
AEGIS ACCEPTANCE CORP.

Principal Place of Business	Mailing Address
33 WHITEHALL STREET 27TH FLOOR NEW YORK NY 10004	33 WHITEHALL STREET 27TH FLOOR NEW YORK NY 10004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/02/1993	3a. Date of Last Report: 03/02/1994
4. FEI Number: 13-3707924	☐ 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
21 525 Washington Blvd.	26 525 Washington Blvd.
Suite, Apt. #, etc. 22 29th floor	Suite, Apt. #, etc. 27 29th floor
City & State 23 Jersey City, NJ	City & State 28 Jersey City, NJ
Zip / Country 24 07310 / 25 USA	Zip / Country 29 07310 / 30 USA

9. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD.
1406 HAYS STREET, SUITE 2
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	1 1 TITLE	1. CEO	☒ Change ☐ Addition
NAME	APPIERTO, ANGELO R	1 2 NAME		
STREET ADDRESS	23 ASHLEY COURT	1 3 STREET ADDRESS		
CITY-ST-ZIP	JAMESBURG NJ	1 4 CITY-ST-ZIP		
TITLE	DVP	2 1 TITLE	1. Pres.	☒ Change ☐ Addition
NAME	BATTIATO, JOSEPH F	2 2 NAME		
STREET ADDRESS	125 JOHANNA LANE	2 3 STREET ADDRESS		
CITY-ST-ZIP	STATEN ISLAND NY	2 4 CITY-ST-ZIP		
TITLE	VPS	3 1 TITLE		☐ Change ☐ Addition
NAME	PENEPENT, DINA L	3 2 NAME		
STREET ADDRESS	9511 SHORE ROAD	3 3 STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN NY 11209	3 4 CITY-ST-ZIP		
TITLE	~~Jillian Wallach~~ Secy	4 1 TITLE		☐ Change ☒ Addition
NAME	WALLACH JILLIAN	4 2 NAME		
STREET ADDRESS	130 East 31st Street 4FZ	4 3 STREET ADDRESS		
CITY-ST-ZIP	New York, New York 10016	4 4 CITY-ST-ZIP		
TITLE		5 1 TITLE		☐ Change ☐ Addition
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP		5 4 CITY-ST-ZIP		
TITLE		6 1 TITLE		☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY-ST-ZIP		6 4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: Jillian Wallach Secy 6/12/95 (201) 418-7332
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0121032 FP