

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 16 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P39610** (1)

1. Corporation Name
RETAIL CREDIT CARD CORPORATION

Principal Place of Business Mailing Address
% LORD SECURITIES **C/O JAMES L. MACNEIL**
TWO WALL STREET **100 PEARL STREET**
NEW YORK NY 10005 **HARTFORD CT 06103**
US **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/13/1992** 3a. Date of Last Report **03/18/1994**
4. FEI Number **13-3670677** Applied For
Net 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 **26** **C/O JAMES L. MACNEIL**
SUITE, APT. #, etc. **COOPERS + LYBRAND L.L.P.**
22 **27** **100 PEARL STREET**
City & State **City & State**
23 **28** **HARTFORD, CT.**
Zip **Country** **Zip** **Country**
24 **25** **29** **06103** **30** **USA**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
UNITED CORPORATE SERVICES, INC. **81** Name
801 NORTHEAST 167TH STREET **82** Street Address (P.O. Box Number is Not Acceptable)
SUITE 300 **83**
NORTH MIAMI BEACH FL 33162 **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 reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORENSEN, PETER H.	1.2 NAME	
STREET ADDRESS	44 DOROTHY DR. RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ	1.4 CITY-ST-ZIP	
TITLE	AS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORENSEN, PETER H.	2.2 NAME	
STREET ADDRESS	44 DOROTHY DR. RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ	2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIDD, ANDREW L.	3.2 NAME	
STREET ADDRESS	7 AVENUE B	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST BABYLON NY	3.4 CITY-ST-ZIP	
TITLE	AT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIDD, ANDREW L.	4.2 NAME	
STREET ADDRESS	7 AVENUE B	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST BABYLON NY	4.4 CITY-ST-ZIP	
TITLE	VAS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADY, MARY L.	5.2 NAME	
STREET ADDRESS	12 WALKER PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	STATEN ISLAND NY	5.4 CITY-ST-ZIP	
TITLE	ATD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADY, MARY L.	6.2 NAME	
STREET ADDRESS	12 WALKER PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	STATEN ISLAND NY	6.4 CITY-ST-ZIP	

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 110.07(3)(k), Florida Statutes. I further certify that the information included 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: *Andrew L. Stidd, V.P.* **3/13/95 (203) 248-7506**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone #)