2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 857432

1. Entity Name

GENERAL FOODS CREDIT CORPORATION

Principal Place of Business 225 HIGH RIDGE RD SUTE 300W STAMPORD CT 06905 US 22. Principal Place of Business 3. Mailing Address 24. Fill Plant Place of Business Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Street Address of New Registered Agent 7. Name and Address of New Registered Agent 120 S. PINE ISLAND ROAD PLANTATION FL 33324 City & State Street Address (P.O. Box Number is Not Acceptable) City FLE Zip Code City & FL Zip Code City City FL Zip Code City Street Address (P.O. Box Number is Not Acceptable) District Plant State of Tending Plant P				Go we	Teus					
Sulfe 300W STAMFORD CT 06905 US Sulfe, Apt. #, etc.	Principal Place of Business		Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Zip Country Size Status Desired \$8.75 Additional Fee Required \$8.75 Addit	SUITE 300W STAMFORD CT 06905		SUITE 300W STAMFORD CT 06905							
City & State Country Country Country Country Country Country Country Country Country See Required See Required See Required See Required For Required Agent significant required when rendative) City FL Ci	2. Principal Pl	ace of Business	3. Mailing Address			.				
Time PD	Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hyped or printed name directional and life if applicable NOTE: Registered Agent signature required when rendshing) After, May, 1, 2004 'Fee will, be \$550,00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS MAME SIRET ADDRESS CITY-ST-2P FAIRFIELD CT 06430 TILE NAME SIRET ADDRESS 12. MIMOSA PLACE STREET ADDRESS	City & State		City & State			12 6102000				
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code	Zip	Country	Zip	Country						
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or presed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renistating) FILE NOW!!! FEE: IS \$150.00 After May 1, 2004 Fee will be \$550,00 Make Check Payable to Florida Department of State Trust Fund Contribution. \$5.00 May Be Added to Fees Added to Fees Added to Fees	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00) After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME MULLIGAN, JOHN J STREET ADDRESS 862 TOWNE HOUSE ROAD CITY-ST-ZIP FAIRFIELD CT 06430 CITY-ST-ZIP FAIRFIELD CT 06430 TITLE NAME SPERA, JOHN M STREET ADDRESS			<u> </u>	Name						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	1200 S. PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)					
the obligations of registered agent. Signature Signature Note: Registered Agent signature required when reinstating) DATE				City		FL Zip Code				
FILE NOW!!! FEE IS \$150.00 After May 1; 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD Delete MULLIGAN, JOHN J STREET ADDRESS CITY-ST-ZIP FAIRFIELD CT 06430 TITLE DVPT Delete TITLE NAME SPERA, JOHN M STREET ADDRESS			for the purpose of changing its re	gistered office or	register	ered agent, or both, in the State of Florida. I am familiar with, and accept				
After May 1, 2004 Fee will be \$550,00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD Delete TITLE NAME MULLIGAN, JOHN J NAME STREET ADDRESS CITY-ST-ZIP FAIRFIELD CT 06430 CITY-ST-ZIP TITLE DVPT Delete TITLE NAME SPERA, JOHN M SPEACH TO Canipa and the state of the state	SIGNATURE.	Signature, typed or printed name of registered ago	nt and title if applicable. (NOTE: F	Registered Agent signatu	ire required	ad when reinstating) DATE				
TITLE PD Delete TITLE NAME MULLIGAN, JOHN J NAME STREET ADDRESS CITY-ST-ZIP FAIRFIELD CT 06430 CITY-ST-ZIP TITLE DVPT Delete TITLE NAME SPERA, JOHN M NAME STREET ADDRESS	After May 1, 2004 Fee will be \$550,00									
NAME MULLIGAN, JOHN J NAME STREET ADDRESS CITY-ST-ZIP FAIRFIELD CT 06430 CITY-ST-ZIP TITLE DVPT Delete TITLE NAME SPERA, JOHN M NAME STREET ADDRESS 12 MIMOSA PLACE STREET ADDRESS	10.	OFFICERS AN	D DIRECTORS	11.	-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
STREET ADDRESS CITY-ST-ZIP FAIRFIELD CT 06430 STREET ADDRESS CITY-ST-ZIP TITLE DVPT Delete TITLE NAME SPERA, JOHN M STREET ADDRESS 12 MIMOSA PLACE STREET ADDRESS	TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition				
CITY-ST-ZIP FAIRFIELD CT 06430 CITY-ST-ZIP TITLE DVPT Delete TITLE NAME SPERA, JOHN M NAME STREET ADDRESS 12 MIMOSA PLACE STREET ADDRESS	NAME	MULLIGAN, JOHN J		NAME	ļ					
TITLE DVPT Delete TITLE Change Addition NAME SPERA, JOHN M STREET ADDRESS 12 MIMOSA PLACE STREET ADDRESS	STREET ADDRESS	862 TOWNE HOUSE ROAD		STREET ADDRESS		•				
NAME SPERA, JOHN M NAME STREET ADDRESS 12 MIMOSA PLACE STREET ADDRESS	CITY-ST-ZIP	FAIRFIELD CT 06430		CITY-ST-ZIP						
NAME SPERA, JOHN M NAME STREET ADDRESS 12 MIMOSA PLACE STREET ADDRESS	TITLE	DVPT	□ Delete	TITLE		☐ Change ☐ Addition				
STREET ADDRESS 12 MIMOSA PLACE STREET ADDRESS		<u> </u>	E belete							
		1 .								
	1									

CITY-ST-ZIP

STAMFORD CT 06905

CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

-		 -		_
	1 - 1	 	ш	₹E:

TITLE

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

MCCREA, JAMES.C

WILTON CT 06897

RIGHTS, NANCY S

LYDE, DONNA N

20 WINDSWEPT CIR

BREWSTER NY 10509

STAMFORD CT 06905

SULLIVAN, ANNE M

225 HIGH RIDGE ROAD, STE 300 WEST

225 HIGH RIDGE ROAD, STE 300 WEST

AS

AS

AS

272 NEWTOWN TURNPIKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN M. SPERA, VICE PRESIDENT & TREASURER

Daytime Phone #

FILED

Apr 05, 2004 8:00 am Secretary of State

04-05-2004 90351 001 ***300.00

ACA BALL

Delete

Delete

Delete

Delete

3/15/0

Addition

Addition

☐ Addition

Addition

☐ Change

☐ Change

☐ Change