

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90056 042 ***150.00

DOCUMENT # 807189

1. Corporation Name

COMMERCIAL CREDIT CORPORATION

Principal Place of Business

300 ST PAUL PLACE
BALTIMORE MD 21202

Mailing Address

300 ST PAUL PLACE
BSP10D
BALTIMORE MD 21202
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1946

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☒

No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE VD ☐ DELETE
NAME SMOLEY, D A
STREET ADDRESS 300 ST. PAUL PLACE
CITY-ST-ZIP BALTIMORE, MD 0

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME M.J. Wong
3.3 STREET ADDRESS VPS
300 St. Paul Place
3.4 CITY-ST-ZIP Baltimore, MD 21202

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

John E. Jones 4/7/99 (410)332-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)