

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

FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 814361 (2)
1. Corporation Name
AFCO CREDIT CORPORATION

Principal Place of Business 525 WASHINGTON BOULEVARD STE 2300 JERSEY CITY NJ 07310-1607	Mailing Address 525 WASHINGTON BOULEVARD STE 2300 JERSEY CITY NJ 07310-1607
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/26/1960	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-5647901	
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 12000 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVP	1.1 TITLE	P
NAME	ROGERS, DONALD E.	1.2 NAME	DARYL J. ZUPAN
STREET ADDRESS	1 SPLIT RAIL CT	1.3 STREET ADDRESS	41 Oakmont Court
CITY-ST-ZIP	LEBANON NJ	1.4 CITY-ST-ZIP	Bridgeville, PA 15017
TITLE	SVPS	2.1 TITLE	
NAME	RATNER, ROBERT J	2.2 NAME	
STREET ADDRESS	839 LAMBERTS MILL ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTFIELD NJ	2.4 CITY-ST-ZIP	
TITLE	SVP	3.1 TITLE	
NAME	BAIRD, RICHARD S.	3.2 NAME	
STREET ADDRESS	100 MICHELLE LN.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE MEAD, NJ.	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	C/D
NAME	NISBET, MICHAEL M.	4.2 NAME	MICHAEL M. NISBET
STREET ADDRESS	POST HOUSE ROAD	4.3 STREET ADDRESS	Post House Road
CITY-ST-ZIP	NEW VERNON NJ	4.4 CITY-ST-ZIP	New Vernon, NJ 07976
TITLE	VP	5.1 TITLE	VP/T
NAME	OLLETT, III F	5.2 NAME	OLLETT, FREDERICK B. III
STREET ADDRESS	51 LOCUST LN	5.3 STREET ADDRESS	51 Locust Lane
CITY-ST-ZIP	UPPER SADDLE RIVER NJ	5.4 CITY-ST-ZIP	Upper Saddle River, NJ 07458
TITLE	SVP	6.1 TITLE	
NAME	BRECKENRIDGE, ROBERT M.	6.2 NAME	
STREET ADDRESS	670 SHAWNEE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN LAKES NJ	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.

SIGNATURE _____ 201-876-6627

CR2E034 (10/97)