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

DOCUMENT # 814361

AFCO CREDIT CORPORATION

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90137 010 ***150.00



							51841 61611 1001
Principal Place of Business Mailing Address							
525 WASHINGTO	N BOULEVARD	525 WASHINGTON BOULEVARD					
STE 2300		STE 2300 JERSEY CITY NJ 07310-1607		DO NOT WRITE IN THIS SPACE			
JERSEY CITY NJ 07310-1607					3. Date Incorporated or Qualifed		
					04/26/1960		
0 02-1-10-	of Business	2a. Mailing Address			4. FEI Number	A	pplied For
2. Principal Place of Business		26		13-5647901	N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					Additional
¬ ''		27			5. Certifcate of Status Desired	Fee R	tequired
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
¬ '		28			Trust Fund Contribution	Added	to Fees
Zip Country		Zip Country		8. This corporation owes the current year in	tangible	_	
24	25	29 30			Personal Property Tax.	☐ Yes	□No
41	9. Name and Address of Current				10. Name and Address of New Registered	Agent	
			81 1	lame			
C T CORPORATION SYSTEM		82 Street Ac		Street Add	Address (P.O. Box Number is Not Acceptable)		
12000 SOUTH PINE ISLAND ROAD		ľ					
PLANTATION FL 33324			83		;		ļ
			84 (Nie.		85 Zir	Code
				City		_	
11 Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, th	ne above-n	amed corp	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	f changing i	ts registered
	egistered agent, or both, in the State on familiar with, and accept the obligation			e corporati	ion's board of directors. I hereby accept the appo	лициент во	egistoroa
-	in lamiliar with, and accept the congati	0110 01, 0001011 00110000, 1101000					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Regis	stered Agent si	gnature requir	ed when reinstating) DATE		ODO 151 40
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	SVP	☐ DELETE	1 1 TITLE			☐ Change	, Dynamon
NAME	ROGERS, DONALD E.	·	1.2 NAME				-
STREET ADDRESS	1 SPLIT RAIL CT	Į.	1.3 STREET AL	DRESS			ł
CITY-ST-ZIP	LEBANON NJ		14 CITY-ST-Z	IP		Change	Addition
TITLE	SVPS	DELETE :	2.1 TITLE			☐ Change	, Dyagnion (
NAME	RATNER, ROBERT J	L:	2.2 NAME				
STREET ADDRESS	839 LAMBERTS MILL ROAD		2.3 STREET AL	DORESS			
CITY-ST-ZIP	WESTFIELD NJ		2. 4 CITY-ST-2	ZIP			A distance
TITLE	P	☐ DELETE	3.1 TITLE	P/	/D	Z i-Chang	e
NAME	DARYL J ZUPAN	j	3.2 NAME	[/	Daryl J. Zupan		•
STREET ADDRESS	41 OAKMONT CT		3.3 STREET AL	DDRESS	41 Oakmont Ct.		
CITY-ST-ZIP	BRIDGEVILLE PA 15017		3.4. CITY-ST-	Z!P	Bridgeville, PA 1501	7	a addista
TITLE	CD	[X] DELETÉ	4.1 TITLE		-	Chang	e 🔲 Addition
NAME	NISBET, MICHAEL M.	,	4, 2 NAME				{
STREET ADDRESS	DOOT HOUSE DOAD	4	4.3 STREET A	DORESS			
CITY-ST-ZIP	NEW VERNON NJ 07976		4.4 CITY-ST-2	ZIP		F7 05 - 1	a (T) Addition
TITLE	VPT	☐ DELETÉ	5.1 TITLE	S1	VP/T	Chang	e [X] Addition
NAME	OLLETT, FREDERICK B II	ļ	5.2 NAME		C. Leonard O'Connell,	III	ł
STREET ADDRESS	51 LOCUST LN		5.3 STREET A	DORESS	185 Sheldon Avenue Pittsburgh, PA 15220		
CITY-ST-ZIP	UPPER SADDLE RIVER NJ 074	58	5.4 CITY-ST-2	ZIP	Pittsburgh, PA 15220		- CAURE
TITLE	SVP	☐ DELETE	6.1 TITLE	<u> </u>	SVP Pakant I Painka	☐ Chang	e 🔀 Addition
NAME	BRECKENRIDGE, ROBERT M.		6.2 NAME		Robert J. Reinke 560 South Atlantic Ave.		
STREET ADDRESS	ATA CHIANAMIEE DD		6.3 STREET A	DORESS	Virginia Beach, VA 234		
OTREET ADDRESS	EDANKIN LAKES N.I		6.4 CITY-ST-2	ZIP	viiginia beach, va 25-		

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, open an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT J. Ratner

2/24/99

201-876-6627

Daytime Phone #