

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 814361

1. Entity Name

AFCO CREDIT CORPORATION

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90063 021 ***150.00

Principal Place of Business

Mailing Address

4501 COLLEGE BOULEVARD, SUITE 320
LEAWOOD KS 66211

4501 COLLEGE BOULEVARD, SUITE 320
LEAWOOD KS 66211

2. Principal Place of Business

110 William Street

3. Mailing Address

110 William Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

29th Fl.

29th Fl.

City & State

City & State

New York, NY

New York, NY

Zip

Country

Zip

Country

10038

USA

10038

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
12000 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name **CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City

Plantation

FL

Zip Code
33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SVPT** ☐ Delete
NAME **O'CONNELL, C. LEONARD III**
STREET ADDRESS **185 SHELDON AVENUE**
CITY-ST-ZIP **PITTSBURGH PA 15220**

TITLE **V/T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVPS** ☐ Delete
NAME **RATNER, ROBERT J**
STREET ADDRESS **839 LAMBERTS MILL ROAD**
CITY-ST-ZIP **WESTFIELD NJ**

TITLE **V/S** ☒ Change ☐ Addition
NAME **Ratner, Robert J.**
STREET ADDRESS **839 Lamberts Mill Rd.**
CITY-ST-ZIP **Westfield, NJ 07090**

TITLE **PD** ☐ Delete
NAME **ZUPAN, DARYL J**
STREET ADDRESS **41 OAKMONT CT**
CITY-ST-ZIP **BRIDGEVILLE PA 15017**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVP** ☐ Delete
NAME **REINKE, ROBERT J**
STREET ADDRESS **560 S ATLANTIC AVE**
CITY-ST-ZIP **VIRGINIA BEACH VA 23451**

TITLE **V** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D.** ☐ Delete
NAME **Leininger, Jeffrey L.**
STREET ADDRESS **106 Byron Rd.**
CITY-ST-ZIP **Pittsburgh, PA 15237**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **Wieser, Sarah H.**
STREET ADDRESS **372 Central Park West, Apt 2A**
CITY-ST-ZIP **New York, NY 10025**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert J. Ratner, Secretary

Date

Daytime Phone #

5/20/00

212-401-4427