

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 814361

1. Entity Name

AFCO CREDIT CORPORATION

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90498 034 ***150.00

Principal Place of Business

Mailing Address

110 WILLIAM ST
29TH FL
NEW YORK NY 10038
US

110 WILLIAM ST
29TH FL
NEW YORK NY 10038
US

00024567



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-5647901**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
O'CONNELL, C. LEONARD III
185 SHELDON AVENUE
PITTSBURGH PA 15220 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
RATNER, ROBERT J
839 LAMBERTS MILL ROAD
WESTFIELD NJ 07090 ☐ Delete

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEININGER, JEFFREY L
106 BYRON RD
PITTSBURGH PA 15237 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
WIESER, SARAH H
372 CENTRAL PARK WEST APT 2A
NEW YORK NY 10025 ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/00)