2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 814361

1. Entity Name
AFCO CREDIT CORPORATION

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

01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-5647901
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

100000043140
02/10/04-80053-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	VT
NAME	O'CONNELL, C. LEONARD III
STREET ADDRESS	185 SHELDON AVENUE
CITY-ST-ZIP	PITTSBURGH, PA 15220
TITLE	VS
NAME	RATNER, ROBERT J
STREET ADDRESS	839 LAMBERTS MILL ROAD
CITY-ST-ZIP	WESTFIELD, NJ 07090
TITLE	PD
NAME	ZUPAN, DARYL J
STREET ADDRESS	41 OAKMONT CT
CITY-ST-ZIP	BRIDGEVILLE, PA 15017
TITLE	V
NAME	REINKE, ROBERT J
STREET ADDRESS	560 S ATLANTIC AVE
CITY-ST-ZIP	VIRGINIA BEACH, VA 23451
TITLE	D
NAME	LEININGER, JEFFREY L
STREET ADDRESS	106 BYRON RD
CITY-ST-ZIP	PITTSBURGH, PA 15237
TITLE	V
NAME	WIESER, SARAH H
STREET ADDRESS	372 CENTRAL PARK WEST APT 2A
CITY-ST-ZIP	NEW YORK, NY 10025

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Daryl J. Zupan 1/16/04 412-234-2472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #