

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 814361 1. Entity Name AFCO CREDIT CORPORATION	
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Principal Place of Business 110 WILLIAM ST 29TH FL NEW YORK, NY 10038 US	Mailing Address 110 WILLIAM ST 29TH FL NEW YORK, NY 10038 US
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DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-5647901	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

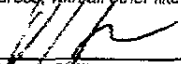
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	11000000043140 02/10/04-80053-015 150.00
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10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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 #