

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90257 031 \*\*\*150.00

**DOCUMENT # 814361**

1. Entity Name  
**AFCO CREDIT CORPORATION**



Principal Place of Business  
**THREE MELLON BANK CENTER, SUITE 1800  
PITTSBURG, PA 15259 US**

Mailing Address  
**THREE MELLON BANK CENTER, SUITE 1800  
PITTSBURG, PA 15259 US**

**50000044**



01042007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #  
**110 William Street**  
Suite, Apt. #, etc.  
**29th Floor**

3. Mailing Address  
**Three Mellon Center**  
Suite, Apt. #, etc.  
**Suite 1800**

City & State  
**New York, NY**

City & State  
**Pittsburgh, PA**

4. FEI Number  
**13-5647901**

Applied For  
☐ Not Applicable

Zip  
**10038**

Country  
**US**

Zip  
**15259**

Country  
**US**

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**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VT  
GOLD, BRUCE R  
311 HILL FARM LANE  
VALENCIA, PA 16059** ☐ Delete

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  
**PD  
ZUPAN, DARYL J  
41 OAKMONT CT  
BRIDGEVILLE, PA 15017** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
REINKE, ROBERT J  
371 SOUTH DUNES DR CAPTAINS QTRS  
PAWLEYS ISLAND, SC 29585** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
CHESKO, JOHN T  
25 OLD TIMBER TRAIL  
PITTSBURGH, PA 15238** ☒ Delete

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☒ Addition  
**D  
Clarke R. Starnes, III  
200 West Second Street, 5th Floor  
Winston-Salem, NC 27101**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**412-234-2472**