

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **821573** (3)

1. Corporation Name
AMERICAN EXPRESS CREDIT CORPORATION

Principal Place of Business

Mailing Address

**ONE CHRISTINA CENTRE
301 NORTH WALNUT STREET, SUITE 1002
WILMINGTON DE 19801-4906
US**

**ONE CHRISTINA CENTRE
301 NORTH WALNUT STREET, SUITE 1002
WILMINGTON DE 19801-4906
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1988

4. FEI Number

11-1988350

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
8151 WEST BROWARD BLVD
PLANTATION FL 33324**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T ☐ DELETE

NAME **STEVESMAN, JAY**
STREET ADDRESS **200 VESEY STREET**
CITY-ST-ZIP **NEW YORK NY**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PCEO ☐ DELETE

NAME **LISANKE, VINCENT P**
STREET ADDRESS **301 B WALNUT ST**
CITY-ST-ZIP **WILMINGTON DE**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

V ☐ DELETE

NAME **GILLESPIE, ANTHONY J**
STREET ADDRESS **200 VESEY STREET**
CITY-ST-ZIP **NEW YORK NY**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

S ☒ DELETE

NAME **PYLE, ROBERT M**
STREET ADDRESS **200 VESEY STREET**
CITY-ST-ZIP **NEW YORK NY**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **NORMAN, STEPHEN P**
4.3 STREET ADDRESS **200 VESEY STREET**
4.4 CITY-ST-ZIP **NEW YORK NY**

AS ☒ DELETE

NAME **LEDGER, DONALD J**
STREET ADDRESS **200 VESEY STREET**
CITY-ST-ZIP **NEW YORK NY**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Vincent P. Lisanke, President 4/21/98 302-594-3250

CR2E034 (10/97)