

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 MAR 16 AM 11:00****DOCUMENT # 825764****(4)**

1. Corporation Name

CARLYLE CREDIT CORPORATION

Principal Place of Business

**ONE CARRIER PLACE
FARMINGTON CT 06034**

Mailing Address

**ONE CARRIER PLACE
FARMINGTON CT 06034**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/15/1971

3a. Date of Last Report

03/15/1994

4. FEI Number

15-6017647

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 restate)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	PICCIOTT, ROBERT J	4126 SPLIT ROCK RD	CAMILLUS, NY 00000
VPCS	KANERVIKO, ARTHUR W.	112 LYNMAR LANE	SYRACUSE NY
VPTC	WIGINTON, SHIRLEY	4573 MEADOWRIDGE ROAD	MANLIUS, NY 13104
AS	LEPPARD, FRANCES K.	285 QUEEN ST UNIT 2A	SOUTHINGTON CT
AS	CAMPBELL, CHRISTOPHER	173 BROOKSIDE LN	FAYETTEVILLE NY
VP	GAGE, MARVINE	7113 THORNTREE HILL DR	FAYETTEVILLE NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY-ST-ZIP</td>	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE <td>3.2 NAME</td> <td>3.3 STREET ADDRESS</td> <td>3.4 CITY-ST-ZIP</td>	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
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5.1 TITLE <td>5.2 NAME</td> <td>5.3 STREET ADDRESS</td> <td>5.4 CITY-ST-ZIP</td>	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE <td>6.2 NAME</td> <td>6.3 STREET ADDRESS</td> <td>6.4 CITY-ST-ZIP</td>	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

**14 Mildred Ave
Baldwinsville, N.Y. 13027**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:**Frances K. Leppard**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Frances K. Leppard**
Assistant Secretary

(Signature Required)