

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 825764 (4)

1. Corporation Name

CARLYLE CREDIT CORPORATION



Principal Place of Business

Mailing Address

**ONE CARRIER PLACE
FARMINGTON CT 06034**

**ONE CARRIER PLACE
FARMINGTON CT 06034**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

02/15/1971

3a. Date of Last Report

03/16/1995

4. FEI Number

15-6017647

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PICCIOTT, ROBERT J	
STREET ADDRESS	4126 SPLIT ROCK RD	
CITY-ST-ZIP	CAMILLUS, NY 00000	
TITLE	VPCS	<input type="checkbox"/> DELETE
NAME	KANERVIKO, ARTHUR W.	
STREET ADDRESS	112 LYNMAR LANE	
CITY-ST-ZIP	SYRACUSE NY	
TITLE	VPTC	<input checked="" type="checkbox"/> DELETE
NAME	WIGINTON, SHIRLEY	
STREET ADDRESS	4573 MEADOWRIDGE ROAD	
CITY-ST-ZIP	MANLIUS, NY 13104	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LEPPARD, FRANCES K.	
STREET ADDRESS	14 MILDRED AVE	
CITY-ST-ZIP	BALDWINVILLE NY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CAMPBELL, CHRISTOPHER	
STREET ADDRESS	173 BROOKSIDE LN	
CITY-ST-ZIP	FAYETTEVILLE NY	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GAGE, MARVINE	
STREET ADDRESS	7113 THORNTREE HILL DR	
CITY-ST-ZIP	FAYETTEVILLE NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William F. Striebe, Jr.	
1.3 STREET ADDRESS	7337 Dartmoor Crossings	
1.4 CITY-ST-ZIP	Fayetteville, N.Y. 13066	
2.1 TITLE	Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

2/5/96

Date

Daytime Phone #

CR2E034 (12/95)