

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 02/15/1971	
4. FEI Number 15-6017647		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	
				85 Zip Code FL	

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STRIEBE, JR. WILLIAM F.		1.2 NAME	Donna Clayton			
STREET ADDRESS	7337 DARTMOOR CROSSINGS		1.3 STREET ADDRESS	5506 Sandstone Way			
CITY-ST-ZIP	FAYETTEVILLE NY		1.4 CITY-ST-ZIP	Fayetteville, N.Y. 13066			
TITLE	AS	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KANERVIKO, ARTHUR W.		2.2 NAME				
STREET ADDRESS	112 LYNMAR LANE		2.3 STREET ADDRESS				
CITY-ST-ZIP	SYRACUSE NY		2.4 CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEPPARD, FRANCES K.		3.2 NAME				
STREET ADDRESS	14 MILDRED AVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	BALDWINVILLE NY		3.4 CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GEBERT, MICHAEL W.		4.2 NAME	Stephen Wynn			
STREET ADDRESS	201 W. GENESSEE ST., #184		4.3 STREET ADDRESS	4527 Red Spruce Lane			
CITY-ST-ZIP	FAYETTEVILLE NY		4.4 CITY-ST-ZIP	Manlius, N.Y. 13104			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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: *Francis K. Gebert* Assistant Secretary 7/27/98

CR2E034 (5/98)

CARLYLE CREDIT CORPORATION

E.I. #15-6017647

DIRECTOR:

Donna Clayton

OFFICERS:

Donna Clayton

Stephen Wynn

Stephen Bullock

Arthur W. Kanerviko

Frances K. Leppard

President

Treasurer

Secretary

Assistant Secretary

Assistant Secretary

Home Addresses:

Donna Clayton

5506 Sandstone Way

Fayetteville, N.Y. 13066

Stephen Wynn

4527 Red Spruce Lane

Manlius, N.Y. 13104

Stephen Bullock

52 Ely Drive

Fayetteville, N.Y. 13066

Arthur W. Kanerviko

112 Lynmar Lane

Syracuse, n.Y. 13215

Frances K. Leppard

14 Mildred Avenue

Baldwinsville, N.Y. 13027