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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

828408

(5)

COMMERCIAL CREDIT DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address					I TRATOL SESTO SEDEL LOSTE BESTA DREAT TOTAL DIDES CLOSE GLOSE GEORGE FOR THE TABLE (CAN		
300 ST. PAUL PLACE BALTIMOE MD		300 ST. PAUL PLACE BALTIMOE MD					
						 Date Incorporated or Qualified 08/01/1972 	3a. Date of Last Report 04/13/1995
2. Principal Plac	e of Business	28. Mailing Address				4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite Apt. #, etc				52-0937331 Not Applicable	
22		BSP10D				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sitate		City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28				Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	———	untry		8. This corporation has liability for	
24	25	[29]	30				[¾ No
	9. Name and Address of Curren	it Hegistered Agent		81	Name	10. Name and Address of New F	legistered Agent
OT 001	DDDD1710H OVOTEH						
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD				82	Street A	ddress (P.O. Box Number is Not Acceptab	ole)
	ATION FL 33324			83			
FUMIA	1110H FL 33324						
				84	City		FL 85 Zip Code
or registere:	the provisions of Sections 607,0502 d agent, or both, in the State of Horic , and accept the obligations of, Sect	ia. Such change was author	rized by the	corb ove-r	iamed cor oration's b	poration submits this statement for the pur poard of directors. Thereby accept the app	pose of changing its registered office pintment as registered agent. I am
SIGNATURE	grature intending printed name of registered agent	and strikacie alike (NedTi Estationar	of Alam	Solari de Mei Neis	pared where real stating?	DATE.
12.	OFFICERS AND		13			ADDITIONS/CHANGES TO OFF	
TITLE	PD	☐ DELETE	1.1	TITLE	1		Change Addition
NAME	PARKER, G.W.		1.21	NAME			
STREET ADDRESS	300 ST PAUL PL		1.3	1.3 STREET ADDRESS			
CITY-S1-ZIP	BALT, MD 00000		1.41	CITY - S	T - ZIP		
TITLE	C DELETE		2 1	2 1 TIFLE		v	🙀 Change 🔲 Addition
NAME	HOLMBERG, R.N.		221	NAMÉ			
STREET ADDRESS	300 ST. PAUL PLACE		l l	2 3 STREET ADDRESS			
CITY-SI-ZIP TITLE	BALTIMORE MD			2 4 CITY - ST - ZIP 3 1 TITLE		D	M Change
NAME	SD O'Brien, e.t.		3 2 NAN			D	🔀 Change 🔲 Addition
STREET ADDRESS	300 ST PAUL PL				ADDRESS		
CITY-ST-ZiP	BALT, MD 00000						
TITLE	AST	DELETE		3.4 CITY - ST - ZIP 4. 1 TiTLE			☐ Change ☐ Addition
NAME	CANEDY, K.A.		421	NAME			
STREET ADDRESS	300 ST PAUL PL		433	STREET	ADDRESS		
CHTY-ST-ZIP	BALT, MD 0		441	CITY-S	r z.p		
TITLE	D	☐ DELETE	5 '	5 ' TITLE			Change Addition
NAME	FADDEN, J T		521	NAME			
STREET ADDRESS	65 E 55TH ST		53	STREET	ADDRESS		
CITY - ST - ZIP	NEW YORK NY		540	CITY-S	1 - ZIP	No. 16	
TITLE		☐ DELFTE		TIFLE			Change Addition
NAME DIRECT LIBRIDGE				NAME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIF			640	DITY-S	T ZIP	(()	

I do hereby certify that the information supplied with this fling 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 air attachment with an address.

SIGNATURE: K. A. Caned K. A. Caned SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. A. Canedy, Asst. Sec.

April 3, 1996 410-332-3072

CR2E034 (12/95)