

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 830520

Entity Name

A.I. CREDIT CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 26 PM 2:52

| | |
|---|--|
| Principal Place of Business 160 WATER ST. 19TH FLOOR NEW YORK NY 10038 | Mailing Address 160 WATER ST. 19TH FLOOR NEW YORK NY 10038-4922 |
|---|--|



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|--------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 13-2736972 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYES ST.
SUITE 105
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|------------------------|--|---|------------------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VITKAUSKAS, GERALD V. | | NAME | | |
| STREET ADDRESS | 160 WATER STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY | | CITY-ST-ZIP | | |
| TITLE | COB | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATTHEWS, EDWARD W. | | NAME | | |
| STREET ADDRESS | 70 PINE ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY | | CITY-ST-ZIP | | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BOOLEY, WILLIAM H. | | NAME | Elizabeth M. Tuck Carol Ann McFate | |
| STREET ADDRESS | 70 PINE ST. | | STREET ADDRESS | 70 Pine Street | |
| CITY-ST-ZIP | NEW YORK NY | | CITY-ST-ZIP | New York, NY 10270 | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TUCK, ELIZABETH M. | | NAME | | |
| STREET ADDRESS | 1030-2 FRANKLIN AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | N. VALLEY STREAM NY | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, H.I. | | NAME | | |
| STREET ADDRESS | 261 BEIRD COURT | | STREET ADDRESS | | |
| CITY-ST-ZIP | WOODBURY NY | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | Michael D. Vogen | |
| STREET ADDRESS | | | STREET ADDRESS | 160 Water Street | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | New York, NY 10038 | |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael D. Vogen, Exec. VP & CFO 4/12/00 (212) 461-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #