

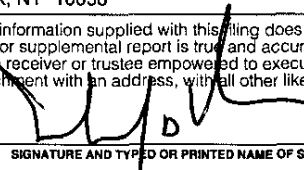


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90327 025 \*\*\*150.00

<b>DOCUMENT # 830520</b> 1. Entity Name <b>A.I. CREDIT CORP.</b>					
Principal Place of Business <b>160 WATER ST. 19TH FLOOR NEW YORK, NY 10038</b>			Mailing Address <b>70 PINE STREET 30TH FLOOR NEW YORK, NY 10270</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>160 Water Street</b>  Suite, Apt. #, etc. <b>19th Floor</b>			
City & State  City: <b>New York</b> State: <b>NY</b>		4. FEI Number <b>13-2736972</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>10038</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		04132004 Chg-P CR2E034 (10/03)	
<b>6. Name and Address of Current Registered Agent</b>  <b>UNITED STATES CORPORATION COMPANY 1201 HAYES ST. SUITE 105 TALLAHASSEE, FL 32301</b>			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD VITKAUSKAS, GERALD V 160 WATER STREET NEW YORK, NY</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COB MATTHEWS, EDWARD W 70 PINE ST. NEW YORK, NY</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman of the BOD Howard Ian Smith 70 Pine Street New York, NY 10270</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BENSINGER, STEVEN J 70 PINE STREET NEW YORK, NY 10270</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S TUCK, ELIZABETH M 70 PINE STREET NEW YORK, NY 10270</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SMITH, HOWARD I 70 PINE STREET NEW YORK, NY 10270</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V VOGEN, MICHAEL D 160 WATER STREET NEW YORK, NY 10038</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>  <b>Michael D. Vogen, Exec. VP &amp; CFO &amp; Director</b> <b>4/16/04</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					