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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **843972** **(1)**

1. Corporation Name

GREAT WESTERN CREDIT CORPORATION

Principal Place of Business	Mailing Address
450 MAMARONECK AV TAX DEPT 3/13 HARRISON NY 10528 US	450 MAMARONECK AVENUE TAX DEPT 3113 HARRISON NY 10528 US

3. Date Incorporated or Qualified: **08/23/1979**
3a. Date of Last Report: **02/03/1995**

2. Principal Place of Business
21 450 MAMARONECK AV
22 Suite, Apt. #, etc. TAX DEPT 3/10
23 City, State HARRISON, NY
24 Zip 10528 25 Country USA

2a. Mailing Address
26
27 Suite, Apt. # etc.
28 City & State
29 Zip 30 Country

4. FEI Number: **88-0122719** ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, this 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 of person authorized to make change for Registered Agent) (Note: Registered Agent signature is required when submitting) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD O'SHEA, THOMAS 450 MAMARONECK AVE. HARRISON NY	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	CHAIRMEN/President Timothy K CORMANY 450 MAMARONECK AV HARRISON NY 10528	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LEE, CALVIN 450 MAMARONECK AVE HARRISON NY	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE PRES/SECRETARY	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OTM MCKENNA, JOHN 450 MAMARONECK AVE. HARRISON NY	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VP/TREASURER Thomas F Gandolfo	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BAJO, THEODORE 450 MAMARONECK AVE HARRISON NY	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DIR/VP Robert J Delfoe	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS FAGAN, KENNETH F. 450 MAMARONECK AVE HARRISON NY	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DIR/VP James Millar Jr.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATNAUDE, RONALD 450 MAMARONECK AVE HARRISON NY	☑ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	AVP William R Lefo	☑ Change ☐ Addition

CR2E034 (12/95)

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)(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: William R Lefo 1/24/96 (914) 899-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #