FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001481971
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***3400.00 ****200.00

DOCUMENT # **848878** **(5)**

1. Corporation Name

BENEFICIAL BUSINESS CREDIT CORP.

Principal Place of Business	Mailing Address
ONE CHRISTINA CENTRE 301 N. WALNUT ST. WILMINGTON DE 19801	300 BENEFICIAL CENTER PEAPACK NJ 07977

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/17/1981	3a. Date of Last Report: 04/29/1994
4. FEI Number: 51-0237587	☐ 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	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

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, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	President/Director	☒ Change ☐ Addition
NAME	NIEBISCH, MANFRED E.	12 NAME	Elizabeth A. Dawson	
STREET ADDRESS	BENEFICIAL CENTER	13 STREET ADDRESS	301 N. Walnut St.	
CITY ST ZIP	PEAPACK, NJ.	14 CITY ST ZIP	Wilmington, DE 19801	
TITLE	VD	21 TITLE	VP & Treasurer	☒ Change ☐ Addition
NAME	DAWSON, ELIZABETH A.	22 NAME	Jacquelyn B. Smith	
STREET ADDRESS	301 N. WALNUT ST.	23 STREET ADDRESS	301 N. Walnut St.	
CITY ST ZIP	WILMINTON DE	24 CITY ST ZIP	Wilmington, DE 19801	
TITLE	AST	31 TITLE	VP & Secretary	☒ Change ☐ Addition
NAME	MARTIN, JACQUELYN B.	32 NAME	Janice L. Lewis	
STREET ADDRESS	301 N. WALNUT ST.	33 STREET ADDRESS	301 N. Walnut St.	
CITY ST ZIP	WILMINGTON DE	34 CITY ST ZIP	Wilmington, DE 19801	
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	GRENCI, J. LEONORA	42 NAME		
STREET ADDRESS	200 BENEFICIAL CNTR	43 STREET ADDRESS		
CITY ST ZIP	PEAPACK NJ	44 CITY ST ZIP		
TITLE	VSD	51 TITLE		☐ Change ☐ Addition
NAME	LEWIS, JANICE L.	52 NAME	Delete	
STREET ADDRESS	301 N. WALNUT ST.	53 STREET ADDRESS		
CITY ST ZIP	WILMINGTON DE	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

5/1/95 MB

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: E. A. Dawson **E. A. Dawson, President 4/24/95 (908) 781-3381**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0984968 FP