SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **853535** **(3)**

1. Corporation Name
HERCULES CREDIT, INC.

Principal Place of Business
HERCULES PLAZA
WILINGTON DE 19894

Mailing Address
HERCULES PLAZA
WILINGTON DE 19894

3. Date Incorporated or Qualified: **07/22/1982**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

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

4. FEI Number: **51-0261785** 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, 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 (NOTE: Registered Agent signature required when filing by mail) DATE

12. OFFICERS AND DIRECTORS

TITLE	VC	☐ DELETE
NAME	FLOYD, ISRAEL J	
STREET ADDRESS	5 BLUEBERRY CT.	
CITY-ST-ZIP	WILMINGTON DE 19707	
TITLE	PD	☐ DELETE
NAME	MACKENZIE, G	
STREET ADDRESS	360 HIGH RIDGE RD	
CITY-ST-ZIP	CHADDS FORD PA	
TITLE	VP	☐ DELETE
NAME	KEATON, ISAAC	
STREET ADDRESS	607 MILTON DR	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	D	☐ DELETE
NAME	ELLIOTT, R K	
STREET ADDRESS	317 KENNETT PIKE	
CITY-ST-ZIP	MENDENHALL PA	
TITLE	AT	☐ DELETE
NAME	JESTER, BRUCE W	
STREET ADDRESS	210 DEERGRASS RD	
CITY-ST-ZIP	HOCKESSIN DE	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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-07/30/96--01122--002
***225.00

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)(k), Florida Statutes. I further certify that the information listed 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 is an attachment with an address.

SIGNATURE: BWJester ✓ **Bruce W. Jester, Asst. Treas.** 7/22/96 (302) 594-5235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (3/96)