## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 15 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 853960

(3)

COMMERCIAL CREDIT PLAN, INCORPORATED

Principal Place of Business Mailing Address					I OFFICE BUDIC BLOCK PIDEL DUTTE BUDIC 1001
300 ST. PAUL PLACE BALTIMORE MD 21202		300 ST. PAUL PLACE			
		B\$P10D	B\$P10D		
		BALTIMORE MD 21202-21 US	120		
		00		<ol> <li>Date Incorporated or Qualified 09/01/1982</li> </ol>	3a. Date of Last Report 04/10/1996
2 Principal	Place of Business	2a. Mailing Address		4. F£I Number	Applied For
21	Tideo of Edamics	26		52-0572791	Not Applicable
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.			CO 75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & St	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	<b></b>	Trust Fund Contribution	Added to Fees
Zip	Country	<i>Ζ</i> φ	Country	8. This corporation has liability for i	
24	9, Name and Address of Curr	29	30	Florida Statutes  10. Name and Address of New Reg	Yes No
	T CORPORATION SYSTEM	Ielit ueğiştelen Ağelit	81 Name	IV. Name and Address of New Re	Jistered Agent
	200 S. PINE ISLAND ROAD				
	LANTATION FL 33324		82 Street Add	Bress (P.O. Box Number is Not Acceptab	е)
			83		
			84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-pamed corporation subroits 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, typed or printed hame of registered		I Registered Agent signature requ		DATE
12.	PD OF FICERS A	AND DIRECTORS  DELETE	13, 1,1 10 LE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	DUVALL, J. B.		1.2 NAME		One igo Addition
STREET ADDRESS	AND OF DALIE DLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD.		1.4 CITY - ST - 7IP		
TITLE	1	DELETE	2.1 TITLE		Change Addition
NAME	BYRNE, D.A.		2.2 NAME		•
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD.		2. 4 CITY - ST - 7IP		
TITLE	V	DELETE	3.1 TITLE		Change Addition
NAME	JONES, J.I.		3.2 NAME		
STREET ADDRESS	S 300 ST. PAUL PLACE BALTIMORE MD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	VS VS	Distre	3.4. C(1Y - ST - ZIP		
TITLE	MCCLUNG, A. K. JR.	□ DELETE	4.1 TITLE		Change Addition
NAME CTREET ADDRESS	AND OT DALH DIACE		4. 2 NAME		
STREET ADDRESS CITY-ST-ZIP	BALTIMORE MD.		4.3 STREET ADDRESS 4.4 CITY- ST-ZIP		
TITLE	AS	DELETE	5.1 TITLE		Change Addition
NAME	CANEDY, K.A.	hand	5.2 NAME		
STREET ADDRESS	s 300 ST. PAUL PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD.		5.4 CITY-ST-ZIP		
TITLE		DELETE	611IILE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	s		63 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - S1 - ZIP		
14. I do her	reby certify that the information supp.	olied with this filing does not qual or supplemental annual report is:	ify for the exemption state true and the	ed in Section 119.07(3)(i), Florida Statute:	3. 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 path; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutos; and that my name					
appears in Block 12 or Block 13 if changed, or on an attachment with an address.					

EIGNATURE COLORS SALES POR MANAGE DEL SECT HONAT MA-662-800