

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90129 039 ***150.00

DOCUMENT # F01000003342

1. Entity Name
HARRISON CREDIT CORP.

Principal Place of Business
**450 MAMARONECK AVE.
 HARRISON NY 10528**

Mailing Address
**450 MAMARONECK AVE.
 HARRISON NY 10528**

959413



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1561261

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
C	JENKINS, DWIGHT	2 WALL ST.	NEW YORK NY 10005	<input checked="" type="checkbox"/>
VC	FIORAVANTI, ALBERT J	2 WALL ST.	NEW YORK NY 10005	<input checked="" type="checkbox"/>
D	ABEDINE, BENJAMIN B	2 WALL ST.	NEW YORK NY 10005	<input checked="" type="checkbox"/>
D	CHRISTIANSEN, DEAN A	2 WALL ST.	NEW YORK NY 10005	<input checked="" type="checkbox"/>
P	SORENSEN, PETER H	44 DOROTHY DRIVE	MORRISTOWN NJ 07960	<input checked="" type="checkbox"/>
SV	REZZA, LORI	2781 86TH ST.	BROOKLYN NY 11223	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VASAT	Mary L. Brady	48 Wall Street, 27th Floor	New York, NY 10005	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	Albert J. Fioravanti	48 Wall Street 27 Floor	New York, NY 10005	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Benjamin B. Abedine	48 Wall Street 27th Floor	New York, NY 10005	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PtdAS	Dean A. Christiansen	48 Wall Street, 27th Floor	New York, NY 10005	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VASAT	Andy Yan	48 Wall Street 27th Floor	New York, NY 10005	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SVAT	Lori Gebron	48 Wall Street 27th Floor	New York, NY 10005	<input checked="" type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT

Date: 4/26/02 (212) 396-9000 Daytime Phone #

CR2E034 (9/01)