

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000005367 (8)

1. Corporation Name

EQUIPMENT CREDIT SERVICES, INC.



Principal Place of Business

650 CIT DR  
S2101  
LIVINGSTON NJ 07039  
US

Mailing Address

650 CIT DR  
2101  
LIVINGSTON NJ 07039  
US

3. Date Incorporated or Qualified  
11/24/1993

3a. Date of Last Report  
03/13/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

13-3732376

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

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12.

OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
MERRITT, ROBERT J  
650 CIT DR  
LIVINGSTON NJ

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SEVP  
FINQUERRA, GEORGE J  
1211 AVE OF THE AMERICAS  
NEW YORK NY

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SVPS  
FALL, JOHN A  
650 CIT DR  
LIVINGSTON NJ

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SVPT  
HUGHESE, PAUL E  
650 CIT DR  
LIVINGSTON NJ

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

EVP  
ABBATE, THOMAS  
650 CIT DR  
LIVINGSTON NJ

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

EVP  
BURR, JOHN D  
1620 W FOUNTAINHEAD PKWY  
TEMPE AZ

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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:

*Kathleen Hassane*

Attorney-In-Fact

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 4 1996

Date

(201) 740-5771

Daytime Phone #

CR2E034 (12/95)