

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90188 001 ***150.00

DOCUMENT # F94000000088

1. Entity Name
FLAGSHIP CREDIT CORPORATION

952500



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| Principal Place of Business ONE INTERNATIONAL PLAZA 3RD FLOOR PHILADELPHIA PA 19113 US | Mailing Address 700 EAST GATE DRIVE SUITE 400 MT. LAUREL NJ 08054 US |
|---|---|

| | |
|--|--|
| 2. Principal Place of Business <i>202 Hagley Bldg. Suite 100</i> Suite, Apt. #, etc. <i>3411 Silverside Rd.</i> | 3. Mailing Address <i>202 Hagley Bldg. Suite 100</i> Suite, Apt. #, etc. <i>3411 Silverside Rd.</i> |
|--|--|

| | | | |
|---------------------------------------|---------------------------------------|------------------------------------|--|
| City & State <i>Wilmington, DE</i> | City & State <i>Wilmington, DE</i> | 4. FEI Number 22-2977197 | Applied For <input type="checkbox"/> Not Applicable |
| Zip <i>19810</i> | Country USA | Zip <i>19810</i> | Country USA |

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS ST.
 SUITE 105
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RITTER, MICHAEL C ONE INTERNATIONAL PLAZA, 3RD FLOOR PHILADELPHIA PA 19113 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LEMPERT, SPENCER 700 EAST GATE DRIVE MT. LAUREL NJ <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T RITTER, MICHAEL C. ONE INTERNATIONAL PLAZA, 3RD FLOOR PHILADELPHIA PA 19113 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BERG, IAN J 700 EAST GATE DRIVE MT. LAUREL NJ <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SEKI, TADAYUKI 335 MADISON AVE. NEW YORK NY <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HAKEMIAN, JOHN 335 MADISON AVE NEW YORK NY 10017 <input checked="" type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHED Schedule |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Kenneth J. Scianili* **4/12/01** **302-478-4191**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Flagship Credit Corporation
EIN: 22-2977197

Board of Directors:

| <u>Name</u> | <u>Address</u> | <u>Term Expires</u> |
|---------------------|---|---------------------|
| Michael C. Ritter | 3411 Silverside Road Wilmington, DE 19810 | 1/3/02 |
| Spencer N. Lempert | 3411 Silverside Road Wilmington, DE 19810 | 1/3/02 |
| Kenneth J. Sicinski | 3411 Silverside Road Wilmington, DE 19810 | 1/3/02 |

Officers:

| <u>Name</u> | <u>Title</u> | <u>Address</u> | <u>Term Expires</u> |
|---------------------|----------------------------------|---|---------------------|
| Michael C. Ritter | President | 3411 Silverside Road Wilmington, DE 19810 | 1/3/02 |
| Spencer N. Lempert | Vice President & Secretary | 3411 Silverside Road Wilmington, DE 19810 | 1/3/02 |
| Kenneth J. Sicinski | Vice President & Asst. Secretary | 3411 Silverside Road Wilmington, DE 19810 | 1/3/02 |

Attachment
952500
HF9400000088