PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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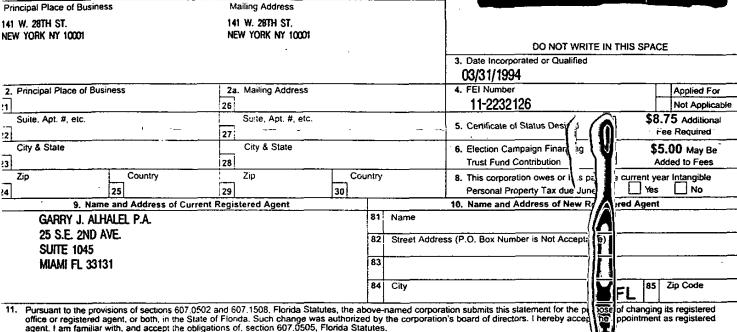
BILATERAL CREDIT CORP.

Principal Place of Business

141 W. 28TH ST. NEW YORK MY 10001

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90130 020 \*\*\*150.00



SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE 1.1 TITLE Change Addition DELETE MULLER, STEVEN A NAME 1.2 NAME 222 PARK AVE., SOUTH STREET ADDRESS 1.3 STREET ADDRESS **NEW YORK NY 10003** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE Change Addition DELETE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 31 TITLE 3 2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4 CITY-ST-ZIP CITY-ST-ZIP 4 1 TITLE Change . Addition TITLE DELETE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition 52 NAME STREET ADDRESS 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change \_\_\_ Addition TITLE \_\_\_ DELETE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. 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 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.

64 CITY-ST-ZIP

SIGNATURE:

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CR2E034 (5/98)