

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra S. Morton
Secretary of State
DIVISION OF CORPORATIONS

**REMOVED
AND
FILED**

95 MAY -1 AM 9:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F94000002650 (9)

1. Corporation Name

STERLING CREDIT CORP.

Principal Place of Business

**ONE TOWNE SQUARE, 17TH FLOOR
SOUTHFIELD MI 48076**

Mailing Address

**ONE TOWNE SQUARE, 17TH FLOOR
SOUTHFIELD MI 48076**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1994

3a. Date of Last Report

n/a

4. FEI Number

38-3165533

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. This corporation has liability for intangible tax under S. 199.002,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	ZAMOJSKI, RICHARD
STREET ADDRESS	1 TOWNE SQUARE, 17TH FLOOR
CITY - ST - ZIP	SOUTHFIELD MI
TITLE	CD
NAME	SELIGMAN, SCOTT J
STREET ADDRESS	1 TOWNE SQUARE, 17TH FLOOR
CITY - ST - ZIP	SOUTHFIELD MI
TITLE	V
NAME	ALBANESE, ANTHONY
STREET ADDRESS	1 TOWNE SQUARE, 17TH FLOOR
CITY - ST - ZIP	SOUTHFIELD MI
TITLE	S
NAME	MCAULIFFE, PATRICIA
STREET ADDRESS	1 TOWNE SQUARE, 17TH FLOOR
CITY - ST - ZIP	SOUTHFIELD MI
TITLE	T
NAME	PARKER, DARRYLE
STREET ADDRESS	1 TOWNE SQUARE, 17TH FLOOR
CITY - ST - ZIP	SOUTHFIELD MI
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	VD ☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

(SEE ATTACHMENT)

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 110.07(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: DARRYLE PARKER

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

April 25, 1995 810-351-3404

(Date)

(Telephone Number)