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FILED  
Apr 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F97000004500 (1)

1. Corporation Name  
PROCREDIT, INC.



Principal Place of Business

700 E. GATE DR. #400  
MT. LAUREL NJ 08054

Mailing Address

700 E. GATE DR. #400  
MT. LAUREL NJ 08054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1997

4. FEI Number

22-3520473

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 ONE INTERNATIONAL PLAZA

Suite, Apt. #, etc.

22 3RD FLOOR

City & State

23 PHILADELPHIA, PA

Zip

24 19113

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D BERG, IAN J  
STREET ADDRESS 700 E. GATE DR. #400  
CITY-ST-ZIP MT. LAUREL NJ 08054

TITLE ☐ DELETE

NAME D HAKAMIAN, JOHN  
STREET ADDRESS 355 MADISON AVE.  
CITY-ST-ZIP NEW YORK NY 10017

TITLE ☐ DELETE

NAME D SEKI, TADAYUKI  
STREET ADDRESS 355 MADISON AVE.  
CITY-ST-ZIP NEW YORK NY 10017

TITLE ☐ DELETE

NAME PT RITTER, MICHAEL C  
STREET ADDRESS 6401 GOLDEN TRIANGLE DR. #310  
CITY-ST-ZIP GREENBELT MD 20770

TITLE ☐ DELETE

NAME V NACHBIN, JOE  
STREET ADDRESS 6401 GOLDEN TRIANGLE DR. #310  
CITY-ST-ZIP GREENBELT MD 20770

TITLE ☐ DELETE

NAME S LEMPERT, SPENCER  
STREET ADDRESS 700 E. GATE DR. #400  
CITY-ST-ZIP MT. LAUREL NJ 08054

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

HAKAMIAN, JOHN

3.1 TITLE

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

P, T, CEO, D  
RITTER, MICHAEL C.  
ONE INTERNATIONAL PLAZA, 3RD FLOOR  
PHILADELPHIA, PA 19113

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

V  
NACHBIN, JOE  
ONE INTERNATIONAL PLAZA, 3RD FLOOR  
PHILADELPHIA, PA 19113

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

CR2E034 (10/97)