

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90091 028 ***150.00

DOCUMENT # F97000004500

1. Corporation Name

PROCREDIT, INC.

Principal Place of Business

1 INTERNATIONAL PL
3RD FL
PHILADELPHIA PA 19113
US

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

TITLE D ☐ DELETE
NAME HAKEMAN, JOHN
STREET ADDRESS 355 MADISON AVE.
CITY-ST-ZIP NEW YORK NY 10017

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

TITLE PTDC ☐ DELETE
NAME RITTER, MICHAEL C
STREET ADDRESS 1 INTERNATIONAL PL 3RD FL
CITY-ST-ZIP PHILADELPHIA P 1911

TITLE V ☐ DELETE
NAME NACHBIN, JOE
STREET ADDRESS 1 INTERNATIONAL PL 3RD FL
CITY-ST-ZIP PHILADELPHIA FL 19113

TITLE S ☐ DELETE
NAME 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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/99
Date

609-231-9600
Daytime Phone #

CR2E034 (1/1/98)