

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000768

FILED
Feb 08, 2006
Secretary of State

Entity Name: THOR CREDIT CORPORATION

Current Principal Place of Business:

3355 MICHELSON DRIVE, 2ND FLOOR
IRVINE, CA 92612

New Principal Place of Business:

Current Mailing Address:

3355 MICHELSON DRIVE, 2ND FLOOR
IRVINE, CA 92612

New Mailing Address:

FEI Number: 33-0605204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLEOD, JAMES J
2141 GILLIS COURT
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SVP () Delete
Name: GANDOLFO, MARGARET A
Address: 3355 MICHELSON DR 2ND FLOOR
City-St-Zip: IRVINE, CA 92612

Title: PRE () Delete
Name: ARIENTI, EDWARD J
Address: 3355 MICHELSON DR 2ND FLOOR
City-St-Zip: IRVINE, CA 92612

Title: DIR () Delete
Name: GELBARD, ARLEN C
Address: 671 NORTH GLEBE ROAD
City-St-Zip: ARLINGTON, VA 22203 US

Title: SEC () Delete
Name: BUCHMAN, JOHN
Address: 671 NORTH GLEBE ROAD
City-St-Zip: ARLINGTON, VA 22203 US

Title: TRE () Delete
Name: AUDETTE, MATTHEW
Address: 671 NORTH GLEBE ROAD
City-St-Zip: ARLINGTON, VA 22203 US

Title: DIR () Delete
Name: ARIENTI, EDWARD J
Address: 3355 MICHELSON DR 2ND FLOOR
City-St-Zip: IRVINE, CA 92612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: FASOLI, DAVID
Address: 322 MINNESOTA STREET, SUITE 600
City-St-Zip: ST. PAUL, MN 55101 US

Title: SEC (X) Change () Addition
Name: GANDOLFO, MARGARET A
Address: 3355 MICHELSON DRIVE, 2ND FLOOR
City-St-Zip: IRVINE, CA 92612 US

Title: TRE (X) Change () Addition
Name: FOSTER, ANTHONY
Address: 322 MINNESOTA STREET, SUITE 600
City-St-Zip: ST. PAUL, MN 55101 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET A. GANDOLFO

SVP

02/08/2006

Electronic Signature of Signing Officer or Director

Date