


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90230 038 ***150.00

DOCUMENT # F99000000768		
1. Entity Name THOR CREDIT CORPORATION		

Principal Place of Business 3355 MICHELSON DRIVE, 2ND FLOOR IRVINE, CA 92612	Mailing Address 3355 MICHELSON DRIVE, 2ND FLOOR IRVINE, CA 92612
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40084537

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04162007 Chg-P CR2E034 (12/06)

4. FEI Number 33-0605204	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent MCLEOD, JAMES J 2141 GILLIS COURT MAITLAND, FL 32751		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP GANDOLFO, MARGARET A 3355 MICHELSON DR 2ND FLOOR IRVINE, CA 92612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GEOFFREY A. THOMPSON 555 FIFTH AVE. NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRE ARIENTI, EDWARD J 3355 MICHELSON DR 2ND FLOOR IRVINE, CA 92612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHN BARHORST 950 FORRER ROAD KETTERING, OH 45420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR FASOLI, DAVID 322 MINNESOTA STREET, SUITE 600 ST. PAUL, MN 55101 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC GANDOLFO, MARGARET A 3355 MICHELSON DRIVE, 2ND FLOOR IRVINE, CA 92612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRE FOSTER, ANTHONY 322 MINNESOTA STREET, SUITE 600 ST. PAUL, MN 55101 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ANTHONY FOSTER 950 FORRER ROAD. KETTERING, OH 45420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR ARIENTI, EDWARD J 3355 MICHELSON DR 2ND FLOOR IRVINE, CA 92612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/24/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #