

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 28 PM 12:58

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

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

04172008

Chg-P

CR2E034 (12/06)

4. FEI Number  
33-0605204

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLEOD, JAMES J  
2141 GILLIS COURT  
MAITLAND, FL 32751

Name  
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 S. PINE ISLAND ROAD

City  
PLANTATION

FL

Zip Code 33324

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

4/28/08  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SVP  
NAME GANDOLFO, MARGARET A  
STREET ADDRESS 3355 MICHELSON DR 2ND FLOOR  
CITY-ST-ZIP IRVINE, CA 92612 ☐ Delete

TITLE DIR  
NAME GEOFFREY THOMPSON  
STREET ADDRESS 555 PARK AVENUE  
CITY-ST-ZIP NEW YORK, NY 10017 ☐ Change ☒ Addition

TITLE PRE  
NAME ARIENTI, EDWARD J  
STREET ADDRESS 3355 MICHELSON DR 2ND FLOOR  
CITY-ST-ZIP IRVINE, CA 92612 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900126233379  
04/28/08--01015--022 \*\*150.00

TITLE DIR  
NAME FASOLI, DAVID  
STREET ADDRESS 322 MINNESOTA STREET, SUITE 600  
CITY-ST-ZIP ST. PAUL, MN 55101 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SEC  
NAME GANDOLFO, MARGARET A  
STREET ADDRESS 3355 MICHELSON DRIVE, 2ND FLOOR  
CITY-ST-ZIP IRVINE, CA 92612 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
NAME FOSTER, ANTHONY  
STREET ADDRESS 950 FORRER RD  
CITY-ST-ZIP KETTERING, OH 45420 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DIR  
NAME ARIENTI, EDWARD J  
STREET ADDRESS 3355 MICHELSON DR 2ND FLOOR  
CITY-ST-ZIP IRVINE, CA 92612 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08  
Date

Daytime Phone #

4/28/08