

# 2002 UNIFORM BUSINESS REPORT (UBR)

0574861 AT

CR2E034 (9/01)

DOCUMENT # **F99000004613**

1. Entity Name

**EQUITY ONE CONSUMER LOAN COMPANY, INC.**

FILED

02 APR 23 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

400 LIPPINCOTT DRIVE  
MARLTON NJ 08053

Mailing Address

400 LIPPINCOTT DRIVE  
MARLTON NJ 08053

2. Principal Place of Business

301 Lippincott Drive

3. Mailing Address

301 Lippincott Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Marlton, NJ

City & State

Marlton, NJ

4. FEI Number

22-3392358

Applied For

Not Applicable

Zip

08053

Country

USA

Zip

08053

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Contribution ☐ **\*\*\*\$550.00\*\*\*** May Be  
- Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, CARMERON E	
STREET ADDRESS	533 FELLOWSHIP ROAD, SUITE 220	
CITY-ST-ZIP	MT. LAUREL NJ 08054	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	MARTELLA, JOHN N	
STREET ADDRESS	533 FELLOWSHIP ROAD, SUITE 220	
CITY-ST-ZIP	MT. LAUREL NJ 08054	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	EMBRY, S. BURTON	
STREET ADDRESS	523 FELLOWSHIP ROAD	
CITY-ST-ZIP	MT. LAUREL NJ 08054	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	JENKINS, JAMES H	
STREET ADDRESS	533 FELLOWSHIP ROAD, SUITE 220	
CITY-ST-ZIP	MT. LAUREL NJ 08054	
TITLE	AVPS	<input type="checkbox"/> Delete
NAME	DUNBAR, KIMBERLY	
STREET ADDRESS	400 LIPPINCOTT DRIVE	
CITY-ST-ZIP	MARLTON NJ 08053	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	301 Lippincott Drive	
STREET ADDRESS	Marlton, NJ 08053	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	301 Lippincott Drive	
STREET ADDRESS	Marlton, NJ 08053	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	301 Lippincott Drive	
STREET ADDRESS	Marlton, NJ 08053	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	301 Lippincott Drive	
STREET ADDRESS	Marlton, NJ 08053	
CITY-ST-ZIP		
TITLE	EVP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gregory Fisher	
STREET ADDRESS	301 Lippincott Drive	
CITY-ST-ZIP	Marlton, NJ 08053	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02 (856) 396-3621

Date

Daytime Phone #