


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F99000004613  
1. Entity Name  
EQUITY ONE CONSUMER LOAN COMPANY, INC.



Principal Place of Business      Mailing Address  
301 LIPPINCOTT DRIVE      301 LIPPINCOTT DRIVE  
MARLTON, NJ 08053      MARLTON, NJ 08053

**DO NOT WRITE IN THIS SPACE**



03232005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
22-3392358      Not Applicable

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

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

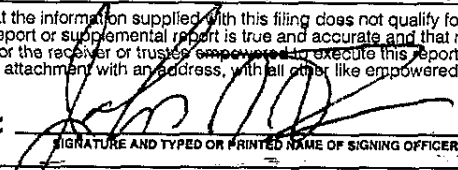
9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, CARMERON E 301 LIPPINCOTT DRIVE MARLTON, NJ 08053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MARTELLA, JOHN N 301 LIPPINCOTT DRIVE MARLTON, NJ 08053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO JENKINS, JAMES H 301 LIPPINCOTT DRIVE MARLTON, NJ 08053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVPS DUNBAR, KIMBERLY 301 LIPPINCOTT DRIVE MARLTON, NJ 08053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV FISHER, GREGORY 301 LIPPINCOTT DRIVE MARLTON, NJ 08053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD0000332918  
04/26/05-80077-015 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  John N. Martella    4/25/05    856.396.2300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #