

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90028 024 ****50.00

DOCUMENT # M00000001883

1. Entity Name
AFCO PREMIUM CREDIT LLC



Principal Place of Business
**THREE MELLON BANK CENTER, SUITE 1800
PITTSBURGH, PA 15259**

Mailing Address
**THREE MELLON BANK CENTER, SUITE 1800
PITTSBURGH, PA 15259**

20000903



2. Principal Place of Business - No P.O. Box #
110 William Street
Suite, Apt. #, etc.
29th Floor

3. Mailing Address
Three Mellon Center
Suite, Apt. #, etc.
Suite 1800

01042007 Chg-LLC CR2E083 (12/06)

City & State
New York, NY

City & State
Pittsburgh, PA

4. FEI Number
25-1870055

Applied For
☐ Not Applicable

Zip
10038

Country
US

Zip
15259

Country
US

5. Certificate of Status Desired ☐ **\$5.00** 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. 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

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ZUPAN, DARYL J 110 WILLIAM ST. NEW YORK, NY 10038	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS RATNER, ROBERT J 110 WILLIAM ST. NEW YORK, NY 10038	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT GOLD, BRUCE R TWO MELLON BANK CENTER, SUITE 300 PITTSBURGH, PA 15259	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HICKEY, DAVID P TWO MELLON BANK CENTER, SUITE 300 PITTSBURGH, PA 15259	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FOX, HAROLD J 110 WILLIAM ST. NEW YORK, NY 10038	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MIGLIACCIO, GUY R 1166 AVE. OF THE AMERICAS NEW YORK, NY 10031	<input checked="" type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Three Mellon Center, Suite 1800 Pittsburgh, PA 15259
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Three Mellon Center, Suite 1800
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Three Mellon Center, Suite 1800
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Raymond P. Walsh 1166 Avenue of the Americas New York, NY 10031

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Daryl J. Zupan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/9/07
Date

412-234-2472
Daytime Phone #