2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# P01000118868

Entity Name: CHEMICAL FINANCIAL CREDIT INC.

Current Principal Place of Business:

1600 E ROBINSON STREET
400
ORLANDO, FL 32803 US

New Principal Place of Business:

157 E NEW ENGLAND AVE
402
WINTER PARK, FL 32789 US

Current Mailing Address:

1600 E ROBINSON STREET
400
ORLANDO, FL 32803 US

New Mailing Address:

157 E NEW ENGLAND AVE
402
WINTER PARK, FL 32789 US

FEI Number: 03-0470033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARCIA, MARIO A P.A.
400 N. FERNCREEK AVENUE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CRISAFI, ESTEFANO
Address: 1600 E ROBINSON STREET, SUITE 400
City-St-Zip: ORLANDO, FL 32803 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: LAFONT, CARLOS M
Address: 1600 E ROBINSON STREET, SUITE 400
City-St-Zip: ORLANDO, FL 32803 US

Title: D ( ) Change (X) Addition
Name: LAFONT, JUAN J
Address: 1600 E ROBINSON STREET, SUITE 400
City-St-Zip: ORLANDO, FL 32803 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ESTEFANO CRISAFI P 04/24/2009

Electronic Signature of Signing Officer or Director Date