

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State
 03-15-2000 90077 033 ***150.00

DOCUMENT # P03453

1. Entity Name

DELAWARE CREDIT CORP. (USA)

Principal Place of Business

Mailing Address

**1 MARINE MIDLAND CENTER
 15TH FL.
 BUFFALO NY 14203-9842**

**1 MARINE MIDLAND CENTER
 15TH FL.
 BUFFALO NY 14203-2842**

2. Principal Place of Business

3. Mailing Address

1 HSBC CENTER

1 HSBC CENTER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

15TH FLOOR

15TH FLOOR

City & State

City & State

BUFFALO, NY

BUFFALO, NY

Zip

Zip

14203

14203

Country

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

16-1220138

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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

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)

DATE

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, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
 NAME **NAGUE, GERALD A**
 STREET ADDRESS **1 MARINE MIDLAND CTR**
 CITY-ST-ZIP **BUFFALO NY 14203**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**GERALD A. NAGLE
 ONE HSBC CENTER**

☒ Change ☐ Addition

TITLE **VP**
 NAME **CINQUINO, JOHN R.**
 STREET ADDRESS **1 MARINE MIDLAND CTR**
 CITY-ST-ZIP **BUFFALO NY**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**VP
 JEAN STROPE
 ONE HSBC CENTER
 BUFFALO, NY 14203**

☐ Change ☒ Addition

TITLE **AT**
 NAME **RICH, RICHARD P.**
 STREET ADDRESS **1 MARINE MIDLAND CTR**
 CITY-ST-ZIP **BUFFALO NY**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**AT
 MARY E. SONDEL
 ONE HSBC CENTER
 BUFFALO, NY 14203**

☐ Change ☒ Addition

TITLE **T**
 NAME **SOMMER, MARY B.**
 STREET ADDRESS **ONE MARINE MIDLAND CTR.**
 CITY-ST-ZIP **BUFFALO, NY, NY**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

ONE HSBC CENTER

☒ Change ☐ Addition

TITLE **S**
 NAME **TOOHEY, PHILLIP S.**
 STREET ADDRESS **1 MARINE MIDLAND CTR**
 CITY-ST-ZIP **BUFFALO NY**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

ONE HSBC CENTER

☒ Change ☐ Addition

TITLE **D**
 NAME **TOOHEY, PHILIP S.**
 STREET ADDRESS **ONE MARINE MIDLAND CTR.**
 CITY-ST-ZIP **BUFFALO, NY**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

ONE HSBC CENTER

☒ Change ☐ Addition

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:

Gerald A. Nagle
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2000
 Date

716-841-1153
 Daytime Phone #

CR2E034 (9/99)