

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04175 (6)

1. Corporation Name

ADVEST CREDIT CORPORATION



Principal Place of Business

280 TRUMBULL STREET
HARTFORD CT 06103

Mailing Address

280 TRUMBULL STREET
HARTFORD CT 06103

3. Date Incorporated or Qualified
11/28/1984

3a. Date of Last Report
06/26/1995

2. Principal Place of Business

2a. Mailing Address

21 90 STATE HOUSE SQUARE

26 90 STATE HOUSE SQUARE

4. FEI Number
06-1097461

Applied For
Not Applicable

22 Suite, Apt. #, etc.
4th floor

27 Suite, Apt. #, etc.
4th floor

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State
HARTFORD, CT

28 City & State
HARTFORD, CT

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

24 Zip
06103

25 Country
USA

29 Zip
06103

30 Country
USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

81 Name

SAME

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME LILIENTHAL, MARTIN M.
STREET ADDRESS 150 TULIP DRIVE
CITY - ST - ZIP MERIDEN CT

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME HERLIHY, MICHAEL W
STREET ADDRESS 29 NORTH POND RD
CITY - ST - ZIP CHESIRE CT

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE V ☐ DELETE
NAME KEENAN, LAWRENCE J
STREET ADDRESS 151 OLD TOWN ROAD
CITY - ST - ZIP STAFFORD SPRINGS CT

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE PTD ☐ DELETE
NAME WEAVER, WILLIAM F.
STREET ADDRESS 1016 GARDEN ROAD
CITY - ST - ZIP ORANGE CT

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE VPD ☐ DELETE
NAME ROMAN, GARY J
STREET ADDRESS 114 POOLE RD
CITY - ST - ZIP SUFFIELD CT

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE S ☐ DELETE
NAME EHLE, GARY J.
STREET ADDRESS 22 CHAPMAN RD
CITY - ST - ZIP WEST HARTFORD CT

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96

(860) 509-3000

Date

Daytime Phone #

CR2E034 (12/95)