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May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
90 STATE HOUSE SOAURE 4TH FLOOR HARTFORD CT 06103 US	90 STATE HOUSE SQUARE 4TH FLOOR HARTFORD CT 06103-3702 US

3. Date Incorporated or Qualified: **11/28/1984**
3a. Date of Last Report: **03/13/1996**

2. Principal Place of Business
21: 90 STATE HOUSE SQUARE
22 Suite, Apt. #, etc.: 4th floor
23 City & State: HARTFORD, CT
24 Zip: 06103
25 Country: USA

2a. Mailing Address
26: 90 STATE HOUSE SQUARE
27 Suite, Apt. #, etc.: 4th floor
28 City & State: HARTFORD, CT
29 Zip: 06103
30 Country: USA

4. FEI Number: **06-1097461** ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LILIENTHAL, MARTIN M.		1.2 NAME		
STREET ADDRESS	150 TULIP DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MERIDEN CT		1.4 CITY-ST-ZIP	SEE ATTACHED LIST	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HERLIHY, MICHAEL W		2.2 NAME		
STREET ADDRESS	29 NORTH POND RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHESIRE CT		2.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KEENAN, LAWRENCE J.		3.2 NAME		
STREET ADDRESS	151 OLD TOWN ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	STAFFORD SPRINGS CT		3.4 CITY-ST-ZIP		
TITLE	PTD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WEAVER, WILLIAM F.		4.2 NAME		
STREET ADDRESS	1016 GARDEN ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE CT		4.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROMAN, GARY J		5.2 NAME		
STREET ADDRESS	114 POOLE RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	SUFFIELD CT		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	EHLE, GARY J.		6.2 NAME		
STREET ADDRESS	22 CHAPMAN RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	WEST HARTFORD CT		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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: _____ WILLIAM F. WEAVER 4/28/97 (860)509-3000

NAME	TITLE	BUSINESS ADDRESS	HOME ADDRESS	CORPORATE TITLE
Gary J. Ehle	Secretary	90 State House Square, Hartford, CT 0	22 Chapman Road, West Hartford, CT 0610	Officer
William F. Weaver	President & Treasurer/Director	90 State House Square, Hartford, CT 0	1016 Garden Road, Orange, CT 06477	Officer & Director
Michael W. Herlihy	Director	90 State House Square, Hartford, CT 0	29 North Pond Road, Cheshire, CT 06410	Director
Manon L. Champagne	Assistant Secretary	90 State House Square, Hartford, CT 0	381 Miller Road, South Windsor, CT 06074	Officer
Peter L. Kofsuske	Vice President	90 State House Square, Hartford, CT 0	39R Pent Road, Durham, CT 06422	Officer
Shirley A. Jacovino	Assistant Secretary	90 State House Square, Hartford, CT 0	32 Overbrook Road, West Hartford, CT 0610	Officer