

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P12899** (1)

1. Corporation Name

NYNEX CREDIT COMPANY



Principal Place of Business

200 PARK AVE.
NEW YORK NY 10017
US

Mailing Address

1111 WESTCHESTER AVE.
% P. DENTICO, ROOM #1121
WHITE PLAINS NY 10604

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.002 and 607.1108, 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, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.002, Florida Statutes.

SIGNATURE

Signature of the Officer or Director

Date of Signature

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[] DELETE
NAME	LUCEY, RICHARD E.	
STREET ADDRESS	200 PARK AVE.	
CITY-STATE-ZIP	NEW YORK NY 10017	
TITLE	VS	[] DELETE
NAME	FLYNN, MICHAEL D	
STREET ADDRESS	200 PARK AVE.	
CITY-STATE-ZIP	NEW YORK NY 10017	
TITLE	AC	[X] DELETE
NAME	DENTICO, PATRICK	
STREET ADDRESS	1111 WESTCHESTER AVE	
CITY-STATE-ZIP	WHITE PLAINS NY	
TITLE	D	[] DELETE
NAME	BLACKBURN, RICHARD W.	
STREET ADDRESS	1113 WESTCHESTER AVE.	
CITY-STATE-ZIP	WHITE PLAINS NJ 10604	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
15 TITLE	
16 NAME	
17 STREET ADDRESS	
18 CITY-STATE-ZIP	
19 TITLE	
20 NAME	
21 STREET ADDRESS	
22 CITY-STATE-ZIP	
23 TITLE	
24 NAME	
25 STREET ADDRESS	
26 CITY-STATE-ZIP	
27 TITLE	
28 NAME	
29 STREET ADDRESS	
30 CITY-STATE-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

[] Change [] Addition

[X] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

AC
ROSLYN GRIGOLEIT
1111 WESTCHESTER AVE
WHITE PLAINS NY 10604

SIGNATURE:

Roslyn Grigolet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSLYN GRIGOLEIT, ASST. COMPTROLLER

3/12/96

914 644-6875

CR2E034 (12/95)