## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P12899

(1)

NYNEX CREDIT COMPANY

FILED May 05 1997 8:00am Secretary of State

212-499-3700

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Principal Place	ipal Place of Business Mailing Address							
800 PARK AVE. NEW YORK NY 10017 US		1111 WESTCHESTER AVE. % P. DENTICO. ROOM #1121 WHITE PLAINS NY 10804-3509						
					3. Date incorporated or Qualified 01/14/1987			
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEt Number		IA <sub>I</sub>	pplied For
21		26 1095 Ave.	of Am	ericas	13-3299052		No	ot Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	Status Desired \$8.75 Additional			
22		27 Room 3142			5. Germone of Giangs Bosines	<u> </u>	Fee Re	equired
City & State		City & State		6. Election Campaign Financing	\$ <b>5.00</b> May Be			
28 N e		28 New York,			Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Countr	•	8. This corporation has liability for it			. 199 032,
24	25	29 10036	30 US	Α		Yes X		
	9. Name and Address of Current	Registered Agent		T-1.	10. Name and Address of New Re	Jistered Age	nt	
	CORPORATION SYSTEM		81	Name				
1200	) S. PINE ISLAND ROAD		83	Street Ad	et Address (P.O. Box Number is Not Acceptable)			
PLAI	NTATION FL 33324		L.	ļ				
			83	3				
			84	City			B5 Zip	Code
				1		FLI		
11. Pursuant to office or reagent. La	to the provisions of Sections 607.0502 agistered agent, or both, in the State m familiar with, and accept the oblige	≥ and 607.1508, Florida Stati of Florida. Such change was itions of, Section 607.0505, F	utes, the abov authorized b Torida Statute	ve-named co by the corpor es.	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of ch of the appoin	anging i Iment as	ts registered registered
SIGNATURE								
	Signature, typed or printed name of registered ages			gent signature rec	guired when reinstating)	DATE		
12.	OFFICERS AND		13.	г	ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	☐ DELETE	11 TALL			L	] Change	Addition
NAME	LUCEY, RICHARD E.		1.2 NAME					
STREET ADDRESS	200 PARK AVE.		1.3 STREI	ET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10017		1.4 CITY	ST - 7IP				
TITLE	VS	DECETE	2.1 TITLE			┕	] Change	Addition
NAME	FLYNN, MICHAEL D		2.2 NAME					
STREET ADDRESS	200 PARK AVE.		2.3 STREE	E1 ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10017		2.4 CITY	- S1 - <i>Z</i> IP				
TITLE	AC	☐ DELETE	3.1 TITLE				] Change	Addition Addition
NAME	grigoleit, roslyn		3.2 NAME					
STREET ADDRESS	1111 WESTCHESTER AVENUE		3.3 STRE	ET ADDRESS				
CITY-ST-ZIP	WHITE PLAINS NY		3.4. CITY	- S1 - ZIP				
TITLE	D	DELFTE	4 1 TITLE	0	)irector	k.	Change	Addition
NAME	BLACKBURN, RICHARD W.		4 2 NAM	ı F	rederic V. Salerno	).		
STREET ADDRESS	1113 WESTCHESTER AVE.		4.3 STRE		1095 Avenue of the		cas	
CITY-ST-ZIP	WHITE PLAINS NJ 10604		4.4 CITY		lew York, NY 10036	•	-	
TITLE		DELETE	5 1 TITLE		/.P. Treasurer	K	Change	Addition
NAME			5,2 NAMI	-   F	Richard F. Krakowsk	٠ <b>i</b>		
STREET ADDRESS					200 Park Avenue 33r		or	
CITY-ST-ZIP			5.4 CITY	-S1-7IP N	lew York, NY 1016 6	. , , , ,	٠.	
TITLE		DELETE	61 TITLE				Change	Addition
			6.2 NAM					
NAME				ET ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP			64 CITY	· SI · ZIP				

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 eath; that I am an officer or director of the corporation or the receiver or trusted 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.

Richard Krakowski