

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

000671

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90015 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P12899

1. Corporation Name
BELL ATLANTIC CREDIT CORPORATION



Principal Place of Business 200 PARK AVE. NEW YORK NY 10017 US	Mailing Address 200 PARK AVNUE 33RD FLOOR NEW YORK NY 10166 US
---	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 245 Park Avenue Suite, Apt. #, etc. 22 40th Floor City & State 23 New York, NY Zip 24 10167 Country 25 USA	2a. Mailing Address 26 245 Park Avenue Suite, Apt. #, etc. 27 40th Floor City & State 28 New York, NY Zip 29 10167 Country 30 USA
--	---

3. Date Incorporated or Qualified 01/14/1987	4. FEI Number 13-3299052	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VS	<input type="checkbox"/> DELETE
NAME	FLYNN, MICHAEL D	
STREET ADDRESS	200 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	AC	<input checked="" type="checkbox"/> DELETE
NAME	GRIGOLEIT, ROSLYN	
STREET ADDRESS	1111 WESTCHESTER AVENUE	
CITY-ST-ZIP	WHITE PLAINS NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SALERNO, FREDERIC V	
STREET ADDRESS	1095 AVE OF THE AMERICAS	
CITY-ST-ZIP	NY NY	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	KRAKOWSKI, RICHARD F	
STREET ADDRESS	200 PARK AVE 33RD FL	
CITY-ST-ZIP	NY NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	245 Park Avenue - 40th Floor
1.4 CITY-ST-ZIP	New York, NY 10167
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Assistant Comptroller
2.3 STREET ADDRESS	Robert Burden
2.4 CITY-ST-ZIP	245 Park Avenue - 40th Floor New York, NY 10167
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VPT
4.3 STREET ADDRESS	245 Park Avenue - 40th Floor
4.4 CITY-ST-ZIP	New York, NY 10167
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** 4/14/99 **212-557-4676**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)