

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P12899

1. Entity Name

BELL ATLANTIC CREDIT CORPORATION

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90046 035 ***150.00

Principal Place of Business	Mailing Address
PARK AVE. FLOOR YORK NY 10167	245 PARK AVE. 40TH FLOOR NEW YORK NY 10167-4099 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	13-3299052	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	VS	<input type="checkbox"/> Delete
NAME	FLYNN, MICHAEL D	
STREET ADDRESS	245 PARK AVE. 40TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10167	
TITLE	AC	<input type="checkbox"/> Delete
NAME	BURDEN, ROBERT	
STREET ADDRESS	245 PARK AVE. 40TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10167	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALERNO, FREDERIC V	
STREET ADDRESS	1095 AVE OF THE AMERICAS	
CITY-ST-ZIP	NY NY	
TITLE	VT	<input type="checkbox"/> Delete
NAME	KRAKOWSKI, RICHARD F	
STREET ADDRESS	245 PARK AVE. 40TH FLOOR	
CITY-ST-ZIP	NY NY 10167	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sig/Binder 4/12/00 212-557-4799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)