

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:39

DOCUMENT # **P17169** (4)
1. Corporation Name
OXFORD CREDIT CORP.

Principal Place of Business Mailing Address
270 SOUTH SERVICE ROAD **270 SOUTH SERVICE ROAD**
P.O. BOX 699 **P.O. BOX 699**
MELVILLE NY 11747-7699 **MELVILLE NY 11747-7699**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	12/11/1987	01/26/1994
Date, Apt. #, etc.	Date, Apt. #, etc.	4. FEI Number	Applied For
22	27	11-2879857	Not Applicable
City & State	City & State	5. Certificate of Status Deceased	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30
		7. This corporation has liability for intangible tax under S. 190.032 Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		81. Name	85. Zip Code
		82. Street Address (P.O. Box Number is Not Acceptable)	FL
		83.	
		84. City	

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. The city accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature typed in printed format (registered agent and stockholder)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGE IN OFFICERS AND DIRECTORS (If 12)	
TITLE	DP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCUCCI, MICHAEL C.	2. NAME	
STREET ADDRESS	392 DUCK POND ROAD	3. STREET ADDRESS	
CITY, ST, ZIP	LOCUST VALLEY NY	4. CITY, ST, ZIP	
TITLE	SVP	21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANZI, JOHN A.	22. NAME	
STREET ADDRESS	27 WINGLOW LANE	23. STREET ADDRESS	45A KING ARTHUR'S COURT
CITY, ST, ZIP	SMITHTOWN NY	24. CITY, ST, ZIP	ST. JAMES, NY 11780
TITLE	SVP	25. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, MARK A.	26. NAME	
STREET ADDRESS	35 ROBIN LANE	27. STREET ADDRESS	
CITY, ST, ZIP	PLAINVIEW NY	28. CITY, ST, ZIP	
TITLE	SVP	29. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCUCCI, CHRISTOPHER S	30. NAME	
STREET ADDRESS	7 WELLINGTON ST.	31. STREET ADDRESS	
CITY, ST, ZIP	LOCUST VALLEY NY	32. CITY, ST, ZIP	
TITLE		33. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		34. NAME	
STREET ADDRESS		35. STREET ADDRESS	
CITY, ST, ZIP		36. CITY, ST, ZIP	
TITLE		37. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		38. NAME	
STREET ADDRESS		39. STREET ADDRESS	
CITY, ST, ZIP		40. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and claims no liability for the information stated in law that I have not provided. I further certify that the information obligated 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 at the time of the filing of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an addition with an addition.

SIGNATURE: *Mark A. Freeman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARK A. FREEMAN, SVP/SECY/TREAS
1-9-95 (510) 777-8100