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**Jan 23 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P17169 (4)

1. Corporation Name
OXFORD CREDIT CORP.



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

Mailing Address
**270 SOUTH SERVICE ROAD
P.O BOX 699
MELVILLE NY 11747-0699**

3. Date Incorporated or Qualified **12/11/1987** 3a. Date of Last Report **01/26/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 11-2879857		Applied For Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip Country		28. Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Zip		25. Country		29. Zip		30. Country	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCUCCI, MICHAEL C.	1.2 NAME	
STREET ADDRESS	392 DUCK POND ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	LOCUST VALLEY NY	1.4 CITY - ST - ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANZI, JOHN A.	2.2 NAME	
STREET ADDRESS	45A KING ARTHURS COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. JAMES NY	2.4 CITY - ST - ZIP	
TITLE	SVPT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, MARK A.	3.2 NAME	
STREET ADDRESS	35 ROBIN LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	PLAINVIEW NY	3.4 CITY - ST - ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCUCCI, CHRISTOPHER S	4.2 NAME	
STREET ADDRESS	7 WELLINGTON ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	LOCUST VALLEY NY	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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 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.

SIGNATURE: *MARK A. FREEMAN* **MARK A. FREEMAN**
SVP/SECY/TREASURER (316) 777-8100 x 712

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

CR2E034 (9/96)