

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P20658 (1)

1. Corporation Name

AMERICAN CREDIT SERVICES, INC.



Principal Place of Business

228 E MAIN ST
S300
ROCHESTER NY 14604-2196
US

Mailing Address

228 E MAIN ST
S300
ROCHESTER NY 14604-2196
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

PERRY, WILLIAM C
4620 N. STATE RD 7
BLDG H SUITE 316
FT. LAUDERDALE LAKES FL 33319

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when filing change)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME SIMON, LEONARD S.
STREET ADDRESS 235 EAST MAIN STREET
CITY- ST- ZIP ROCHESTER NY

TITLE PD ☐ DELETE
NAME HOLLOWAY, MICHAEL J
STREET ADDRESS 228 EAST MAIN ST SUITE 300
CITY- ST- ZIP ROCHESTER NY

TITLE D ☒ DELETE
NAME COPIN, CHARIS
STREET ADDRESS 235 EAST MAIN ST
CITY- ST- ZIP ROCHESTER NY

TITLE D ☐ DELETE
NAME PETTINELLA, EDWARD J
STREET ADDRESS 235 EAST MAIN ST
CITY- ST- ZIP ROCHESTER NY

TITLE VST ☐ DELETE
NAME CUSHING, DAVID W
STREET ADDRESS 228 EAST MAIN ST
CITY- ST- ZIP ROCHESTER NY

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP ☒ Change ☐ Addition

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 228 East Main St. Suite 300
5.4 CITY- ST- ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David W. Cushing

3/5/96

(716) 238-8872

Daytime Phone #

CR2E034 (12/95)