

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P23317 (1)

1. Corporation Name

LLOYDS CREDIT CORPORATION



Principal Place of Business

Mailing Address

470 LINCOLN STREET
P.O. BOX 15089
WORCESTER MA 01615-0089

470 LINCOLN STREET
P.O. BOX 15089
WORCESTER MA 01615-0089

3. Date Incorporated or Qualified
03/08/1989

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 472 Lincoln Street

26 472 Lincoln Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

04-2674244

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RAYE, ELEANOR T.
STREET ADDRESS 80 MAYNARD ST.
CITY-ST-ZIP NORTHBORO MA ☐ DELETE

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

TITLE T
NAME HOWARD, DENNIS P.
STREET ADDRESS GROVE & NEWTON STREETS
CITY-ST-ZIP BARRE MA ☐ DELETE

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

TITLE S
NAME CAHILL, WILLIAM JL J
STREET ADDRESS 10 OLD PLANTERS ROAD
CITY-ST-ZIP BEVERLY MA ☐ DELETE

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

TITLE D
NAME MCAULIFFE, JAMES R.
STREET ADDRESS 14 REV THOMAS HOOKER ROAD
CITY-ST-ZIP WESTBORO MA ☒ DELETE

4.1 TITLE Director
4.2 NAME Nyberg, Steven L.
4.3 STREET ADDRESS 22 Chapin Road
4.4 CITY-ST-ZIP Barrington, RI 02806 ☐ Change ☒ Addition

TITLE D
NAME RUPLEY, THEODORE J.
STREET ADDRESS 9 WINGATE LANE
CITY-ST-ZIP ACTON MA ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

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: Eleanor T. Raye

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eleanor T. Raye, President 4/18/96 508-757-1628

Date: Daytime Phone #

CR2E034 (12/95)