[redacted]

PROFIT CORPORATION ANNUAL REPORT **1996** Amended

FLOR[redacted] OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P23317

1. Corporation Name

Lloyds Credit Corporation

Principal Place of Business	Mailing Address
472 Lincoln Street Worcester, MA 01605	472 Lincoln Street PO Box 15089 Worcester, MA 01615-0089

3. Date Incorporated or Qualified: 3/8/1989
3a. Date of Last Report:

4. FEI Number: 04-2674244 — [ ] Applied For [ ] Not Applicable

2. Principal Place of Business — 21
Suite, Apt #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired [ ] — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

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 ____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President & Director	[ ] DELETE
NAME	Dennis P. Howard	
STREET ADDRESS	Grove & Newton Sts./Barre, MA 01005	
CITY-ST-ZIP		
TITLE	Vice President	[ ] DELETE
NAME	Russell M. Bigwood	
STREET ADDRESS	74 Uncatena Ave.	
CITY ST ZIP	Worcester, MA 01606	
TITLE	Treasurer	[ ] DELETE
NAME	Karen A. Charbonneau	
STREET ADDRESS	146 Brickyard Road	
CITY ST ZIP	No. Grosvenordale, CT 06255	
TITLE	Secretary	[ ] DELETE
NAME	William J. Cahill, Jr.	
STREET ADDRESS	10 Old Planters Road	
CITY ST ZIP	Beverly, MA 01915	
TITLE	Director	[ ] DELETE
NAME	Steven L. Nyberg	
STREET ADDRESS	22 Chapin Road	
CITY ST ZIP	Barrington, RI 08206	
TITLE	Director	[ ] DELETE
NAME	Theodore J. Rupley	
STREET ADDRESS	9 Wingate Lane	
CITY ST ZIP	Acton, MA 01720	

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		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE	100001886731	[ ] Change [ ] Addition
6.2 NAME	-07/08/96--01081--025	
6.3 STREET ADDRESS	***61.25	
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Karen A. Charbonneau 6/27/96 Karen A. Charbonneau, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(508) 757-1628