

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 25 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P23317 (1)
1. Corporation Name
LLOYDS CREDIT CORPORATION

Principal Place of Business 472 LINCOLN ST P.O. BOX 15089 WORCESTER MA 01615-0089 US	Mailing Address 472 LINCOLN ST P.O. BOX 15089 WORCESTER MA 01615-0089 US
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2. Principal Place of Business 21 100 North Parkway Suite, Apt. #, etc. 22 PO Box 15089 City & State 23 Worcester, MA Zip 24 01615-0089	2a. Mailing Address 26 100 North Parkway Suite, Apt. #, etc. 27 PO Box 15089 City & State 28 Worcester, MA Zip 29 01615-0089	Country 25 USA 30 USA
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3. Date Incorporated or Qualified 03/08/1989	3a. Date of Last Report 04/23/1996
4. FEI Number 04-2674244	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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	PD	<input type="checkbox"/> DELETE
NAME	HOWARD, DENNIS P	
STREET ADDRESS	GROVE & NEWTON STS.	
CITY-ST-ZIP	BARRE MA 01005	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BIGWOOD, RUSSELL M	
STREET ADDRESS	74 UNCATENA AVE	
CITY-ST-ZIP	WORCESTER MA 01806	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CHARBONNEAU, KAREN A	
STREET ADDRESS	146 BRICKYARD ROAD	
CITY-ST-ZIP	NO. GROSVENORDALE CT 06255	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CAHILL, JR., WILLIAM J	
STREET ADDRESS	10 OLD PLANTERS ROAD	
CITY-ST-ZIP	BEVERLY MA 01815	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NYBERG, STEVEN L	
STREET ADDRESS	22 CHAPIN ROAD	
CITY-ST-ZIP	BARRINGTON RI 02806	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RUPLEY, THEODORE J	
STREET ADDRESS	9 WINGATE LANE	
CITY-ST-ZIP	ACTON MA 01720	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Director
5.3 STREET ADDRESS	Steven L. Nyberg
5.4 CITY-ST-ZIP	22 Chapin Road
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Director
6.3 STREET ADDRESS	J. Barry May
6.4 CITY-ST-ZIP	10 Michael Lane
	Sterling, MA 01564

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: R. SECRETARY REQUIRED: Charles... Treasurer 4/17/97 508-757-1621

CR2E034 (9/96)