

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P23317 (1)
1. Corporation Name
LLOYDS CREDIT CORPORATION



Principal Place of Business
100 NORTH PARKWAY
P O BOX 15089
WORCESTER MA 01615-0089
US

Mailing Address
100 NORTH PARKWAY
P.O. BOX 15089
WORCESTER MA 01615-0089
US

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 03/08/1989 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 04-2674244 | |
| 24 Country | | 30 Country | | 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|----------------------------|---------------------------------|--|---|--|--|--|
| TITLE | PD | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | HOWARD, DENNIS P | | | 1.2 NAME | | | |
| STREET ADDRESS | GROVE & NEWTON STS. | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | BARRE MA 01005 | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | VP | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BIGWOOD, RUSSELL M | | | 2.2 NAME | | | |
| STREET ADDRESS | 74 UNCATENA AVE | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | WORCESTER MA 01608 | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | T | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | CHARBONNEAU, KAREN A | | | 3.2 NAME | | | |
| STREET ADDRESS | 148 BRICKYARD ROAD | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | NO. GROSVENORDALE CT 06255 | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | S | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | CAHILL, JR., WILLIAM J | | | 4.2 NAME | | | |
| STREET ADDRESS | 10 OLD PLANTERS ROAD | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | BEVERLY MA 01915 | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | NYBERG, STEVEN L | | | 5.2 NAME | | | |
| STREET ADDRESS | 22 CHAPIN ROAD | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | BARRINGTON RI 08206 | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MAY, J B | | | 6.2 NAME | | | |
| STREET ADDRESS | 10 MICHAEL LANE | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | STERLING MA | | | 6.4 CITY-ST-ZIP | | | |

14. I 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.

CR2E034 (10/97)