

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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90020 014 \*\*\*150.00

**PROFIT**  
**CORPORATION**  
**ANNUAL REPORT**  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P23317**

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

3. Date Incorporated or Qualified

**03/08/1989**

4. FEI Number

**04-2674244**

Applied For

Not Applicable

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **HOWARD, DENNIS P**  
STREET ADDRESS **GROVE & NEWTON STS.**  
CITY-ST-ZIP **BARRE MA 01005**

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

TITLE **VP** ☐ DELETE  
NAME **BIGWOOD, RUSSELL M**  
STREET ADDRESS **407-2 GREAT RD**  
CITY-ST-ZIP **ACTON MA 01720**

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

TITLE **T** ☐ DELETE  
NAME **CHARBONNEAU, KAREN A**  
STREET ADDRESS **146 BRICKYARD ROAD**  
CITY-ST-ZIP **NO. GROSVENORDALE CT 06255**

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

TITLE **S** ☐ DELETE  
NAME **CAHILL, JR., WILLIAM J**  
STREET ADDRESS **10 OLD PLANTERS ROAD**  
CITY-ST-ZIP **BEVERLY MA 01915**

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

TITLE **D** ☐ DELETE  
NAME **NYBERG, STEVEN L**  
STREET ADDRESS **22 CHAPIN ROAD**  
CITY-ST-ZIP **BARRINGTON RI 08206**

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

TITLE **D** ☐ DELETE  
NAME **MAY, J B**  
STREET ADDRESS **10 MICHAEL LANE**  
CITY-ST-ZIP **STERLING MA**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

*Karen A. Charbonneau*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Karen A. Charbonneau, Treasurer** 4/27/99 (508) 757-1628

Date

Daytime Phone #

CR2E034 (11/98)