

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P23317

1. Entity Name  
LLOYDS CREDIT CORPORATION

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90031 025 \*\*\*150.00

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **04-2674244**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOWARD, DENNIS P	
STREET ADDRESS	21 PLEASANT STREET	
CITY-ST-ZIP	SAGAMORE MA 02561	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BIGWOOD, RUSSELL M	
STREET ADDRESS	407-2 GREAT RD	
CITY-ST-ZIP	ACTON MA 01720	
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 checked="" type="checkbox"/> Delete
NAME	CAHILL, JR., WILLIAM J	
STREET ADDRESS	10 OLD PLANTERS ROAD	
CITY-ST-ZIP	BEVERLY MA 01915	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATTERSON, DAVID M	
STREET ADDRESS	5 STONE TOWER LANE	
CITY-ST-ZIP	BARRINGTON RI 02806	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAY, J B	
STREET ADDRESS	10 MICHAEL LANE	
CITY-ST-ZIP	STERLING MA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cahill, Jr., William J.	
STREET ADDRESS	10 Old Planters Road	
CITY-ST-ZIP	Beverly, MA 01915	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen A. Charbonneau	
STREET ADDRESS	68 Robbins Road	
CITY-ST-ZIP	Thompson, CT 06277	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cronin, Charles F.	
STREET ADDRESS	57 Longwood Drive	
CITY-ST-ZIP	Lunenburg, MA 01462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John P. Kavanaugh	
STREET ADDRESS	33 Pederzini Drive	
CITY-ST-ZIP	Medfield, MA 02052	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen A. Charbonneau Karen A. Charbonneau, Treasurer 4/24/2001 (508) 757-1628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1628

CR2E034 (10/00)