

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90042 010 \*\*\*150.00

**DOCUMENT # P23317**

**1. Entity 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**

**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]*

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, 2002 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 ☒ Delete  
**NAME** HOWARD, DENNIS P  
**STREET ADDRESS** 21 PLEASANT STREET  
**CITY-ST-ZIP** SAGAMORE MA 02561

**TITLE** PD ☐ Change ☒ Addition  
**NAME** Kavanuagh, John P.  
**STREET ADDRESS** 33 Pederzini Drive  
**CITY-ST-ZIP** Medfield, MA 01052

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

**TITLE** D ☐ Change ☒ Addition  
**NAME** McGivney, Mark C.  
**STREET ADDRESS** 81 Rumstick Road  
**CITY-ST-ZIP** Barrington, RI 02806

**TITLE** ☒ Delete  
**NAME** CHARBONNEAU, KAREN A  
**STREET ADDRESS** 68 ROBBINS ROAD  
**CITY-ST-ZIP** THOMPSON CT 06277

**TITLE** D ☐ Change ☒ Addition  
**NAME** Tripp, Ann K.  
**STREET ADDRESS** 67 Mushopauge Road  
**CITY-ST-ZIP** Rutland, MA 01543

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D ☒ Delete  
**NAME** PATTERSON, DAVID M  
**STREET ADDRESS** 5 STONE TOWER LANE  
**CITY-ST-ZIP** BARRINGTON RI 02806

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** S ☐ Delete  
**NAME** CRONIN, CHARLES F  
**STREET ADDRESS** 57 LONGWOOD DRIVE  
**CITY-ST-ZIP** LUNENBURG MA 01462

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

*[Signature]*

Karen A. Charbonneau,

04/24/02

508-757-1628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)