2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23317

Entity Name: LLOYDS CREDIT CORPORATION

FILED Apr 24, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 100 N PKWY 100 NORTH PARKWAY WORCESTER, MA 016150089 US WORCESTER, MA 01605 US **Current Mailing Address: New Mailing Address:** 100 NORTH PARKWAY P.O. BOX 15089 WORCESTER, MA 016150089 US FEI Number: 04-2674244 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition WESTON, TERRY H JR WESTON, TERRY H JR Name: Name: 5 ELLIZABETH LN 5 ELIZABETH LANE Address: Address: City-St-Zip: STERLING, MA 01564 City-St-Zip: STERLING, MA 01564 VΡ Title: VP/D (X) Change () Addition Title: () Delete Name: BIGWOOD, RUSSELL M Name: BIGWOOD, RUSSELL M 407-2 GREAT RD 407-2 GREAT RD Address: Address: City-St-Zip: ACTON, MA 01720 City-St-Zip: ACTON, MA 01720 Title: (X) Change () Addition () Delete Title: T/D CHARBONNEAU, KAREN A CHARBONNEAU, KAREN A Name: Name: 68 ROBBINS ROAD 68 ROBBINS ROAD Address: Address: City-St-Zip: THOMPSON, CT 06277 City-St-Zip: THOMPSON, CT 06277 Title: () Delete Title: () Change () Addition CAHILL, WILLIAM J JR Name: Name: Address: 10 OLD PLANTERS ROAD Address: City-St-Zip: BEVERLY, MA 01915 City-St-Zip: Title: (X) Delete Title: () Change () Addition MCGIVNEY, MARK C Name: Name: 81 RUMSTICK RD Address: Address: City-St-Zip: BARRINGTON, RI 02806 City-St-Zip: Title: () Delete Title: () Change () Addition CRONIN, CHARLES F Name: Name: 57 LONGWOOD DRIVE Address: Address: City-St-Zip: City-St-Zip: LUNENBURG, MA 01462

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN A. CHARBONNEAU T 04/24/2007