

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23317

FILED  
Mar 29, 2009  
Secretary of State

Entity Name: LLOYDS CREDIT CORPORATION

## Current Principal Place of Business:

100 NORTH PARKWAY  
WORCESTER, MA 01605 US

## New Principal Place of Business:

## Current Mailing Address:

100 NORTH PARKWAY  
P.O. BOX 15089  
WORCESTER, MA 016150089 US

## New Mailing Address:

FEI Number: 04-2674244      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Title: T ( ) Delete  
Name: BOUSQUET, BARBARA J  
Address: 132 ALVIN AVENUE  
City-St-Zip: MILTON, MA 02186

Title: P/D ( ) Delete  
Name: BIGWOOD, RUSSELL M  
Address: 407-2 GREAT RD  
City-St-Zip: ACTON, MA 01720

Title: VP/D ( ) Delete  
Name: CHARBONNEAU, KAREN A  
Address: 68 ROBBINS ROAD  
City-St-Zip: THOMPSON, CT 06277

Title: AS ( ) Delete  
Name: CAHILL, WILLIAM J JR  
Address: 10 OLD PLANTERS ROAD  
City-St-Zip: BEVERLY, MA 01915

Title: S/D (X) Delete  
Name: CRONIN, CHARLES F  
Address: 57 LONGWOOD DRIVE  
City-St-Zip: LUNENBURG, MA 01462

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition  
Name: BROWN, KEVIN E  
Address: 2801 WEST 73RD STREET  
City-St-Zip: PRAIRIE VILLAGE, KS 66208

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T/D (X) Change ( ) Addition  
Name: CHARBONNEAU, KAREN A  
Address: 68 ROBBINS ROAD  
City-St-Zip: THOMPSON, CT 06277

Title: VP/D (X) Change ( ) Addition  
Name: GALLAGHER, MICHAEL S  
Address: 4950 CENTRAL STREET #705  
City-St-Zip: KANSAS CITY, MO 64112

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KEVIN E BROWN

S

03/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date