FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # P28236 (8)

1. Corporation Name
AT&T CREDIT CONSUMER FINANCE CORPORATION

Principal Place of Business
44 WHIPPANY ROAD
MORRISTOWN NJ 07960

Mailing Address
44 WHIPPANY ROAD
MORRISTOWN NJ 07960-4556

3. Date Incorporated or Qualified: 02/23/1990
3a. Date of Last Report: 05/01/1997
4. FEI Number: 22-3014155 ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt #, etc
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt #, etc
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FLORIDA 33324

10. Name and Address of New Registered Agent
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 Barbara A Burke BARABA A. BURKE SPECIAL ASSISTANT SECRETARY 8-24-98

12. OFFICERS AND DIRECTORS

Field	Value	Delete
TITLE	P	☒ DELETE
NAME	GOLD, GERRI A	
STREET ADDRESS	44 WHIPPANY RD	
CITY-ST-ZIP	MORRISTONW NJ	
TITLE	CFOT	☐ DELETE
NAME	OLIU, RAMON JR	
STREET ADDRESS	2 GATEWAY DRIVE	
CITY-ST-ZIP	MORRISTOWN NJ	
TITLE	VGM	☐ DELETE
NAME	MARTIN, CONSTANCE G	
STREET ADDRESS	2 GATEWAY DRIVE	
CITY-ST-ZIP	PARISIPPANY NJ	
TITLE	CCS	☐ DELETE
NAME	TRUMP, DOUGLAS P	
STREET ADDRESS	2 GATEWAY DRIVE	
CITY-ST-ZIP	PARSIPPANY NJ	
TITLE	D	☒ DELETE
NAME	WHITTAKER, CHARLES S JR	
STREET ADDRESS	44 WHIPPANY ROAD	
CITY-ST-ZIP	MORRISTOWN NJ	
TITLE	AS	☒ DELETE
NAME	MCCARTHY, G. DANIEL	
STREET ADDRESS	44 WHIPPANY RD	
CITY-ST-ZIP	MORRISTOWN NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

PLEASE SEE ATTACHED

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ Change ☐ Add
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☒ Change ☐ Add
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☒ Change ☐ Add
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐ Add
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☐ Add
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Change ☐ Add

500002606835
-10/09/98--01086--010
***550.00

PE 10-8

14. I do 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.

SIGNATURE: [signature] 4/30/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #