FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

DOCUMENT # P30439 (4)

1. Corporation Name

SAVIN CREDIT CORPORATION

Principal Place of Business: 9 WEST BROAD STREET, STAMFORD CT 06904-9270

Mailing Address: 9 WEST BROAD STREET, STAMFORD CT 06904-9270

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/07/1990

3a. Date of Last Report: 05/01/1994

4. FEI Number: 06-1158840 — 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: 333 LUDLOW ST.

2a. Mailing Address: 333 LUDLOW ST.

City & State: STAMFORD, CT. — Zip: 06902

City & State: STAMFORD, CT. — Zip: 06902

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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 the position.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip
ST	SALIERNO, TOM	48 PHEASANT	RIDGEFIELD CT
GMD	SAPERSTEIN, JAN	34 PONY TRAIL	STAMFORD CT
D	ABBOTT, THOMAS D	60 ARCH STREET	GREENWICH CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

NONE [✓ Change]

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] 5/1/95 (203) 867-5528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas L. Salierno, Jr., Secretary/Treasurer

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