

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P34405 (1)
1. Corporation Name
COMMUNICATIONS CREDIT CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business 260 LONG RIDGE ROAD STAMFORD CT 06927 US		Mailing Address DEPT. 8109 260 LONG RIDGE RD. STAMFORD CT 06927-9621 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30
22 City & State	28	29 City & State	31
23 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPT	1.1 TITLE	Asst Treas - Taxes
NAME	HYDE, JEFFREY L	1.2 NAME	Dany J. Schallman
STREET ADDRESS	260 LONG RIDGE RD.	1.3 STREET ADDRESS	777 Long Ridge Road
CITY-ST-ZIP	STAMFORD CT	1.4 CITY-ST-ZIP	Stamford CT 06927
TITLE	VD	2.1 TITLE	
NAME	WOOD, WILLIAM F JR.	2.2 NAME	
STREET ADDRESS	200 ATHENS WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37228	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	VAUGHN, JERRY E	3.2 NAME	
STREET ADDRESS	200 ATHENS WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37228	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	SCHECTER, ROGER A	4.2 NAME	
STREET ADDRESS	200 ATHENS WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37228	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	
NAME	MIDDLETON, LAWRENCE W	5.2 NAME	
STREET ADDRESS	200 ATHENS WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37228	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	HOLINSKI, STEPHEN A	6.2 NAME	
STREET ADDRESS	3 ROBERT SPECK PARKWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	MISSISSAUGA, ONT., CANADA	6.4 CITY-ST-ZIP	

14. 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 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.

CR2E034 (10/97)