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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P39610 (1)

1. Corporation Name

RETAIL CREDIT CARD CORPORATION



Principal Place of Business

Mailing Address

% LORD SECURITIES  
TWO WALL STREET  
NEW YORK NY 10005  
US

COPPERS & JAMES L. MACNEIL & LYBRAND L.L.P.  
100 PEARL ST.  
HARTFORD CT 06103  
US

3. Date Incorporated or Qualified

07/13/1992

3a. Date of Last Report

03/16/1995

2. Principal Place of Business

2a. Mailing Address c/o J.L. MacNeil

21 Coopers & Lybrand LLP

4. FEI Number

13-3670677

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

27 100 Pearl Street

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

23 Zip Country

28 Hartford, CT

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

24 Zip Country

29 06103 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES, INC.  
801 NORTHEAST 167TH STREET  
SUITE 300  
NORTH MIAMI BEACH FL 33162

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

(Signature, typed or printed name of registered agent and then if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE

NAME SORESEN, PETER H.

STREET ADDRESS 44 DOROTHY DR. RD.

CITY-STATE-ZIP MORRISTOWN NJ

TITLE AS ☐ DELETE

NAME SORESEN, PETER H.

STREET ADDRESS 44 DOROTHY DR. RD.

CITY-STATE-ZIP MORRISTOWN NJ

TITLE VSD ☐ DELETE

NAME STIDD, ANDREW L.

STREET ADDRESS 7 AVENUE B

CITY-STATE-ZIP WEST BABYLON NY

TITLE AT ☐ DELETE

NAME STIDD, ANDREW L.

STREET ADDRESS 7 AVENUE B

CITY-STATE-ZIP WEST BABYLON NY

TITLE VAS ☐ DELETE

NAME BRADY, MARY L

STREET ADDRESS 12 WALKER PLACE

CITY-STATE-ZIP STATEN ISLAND NY

TITLE ATD ☐ DELETE

NAME BRADY, MARY L

STREET ADDRESS 12 WALKER PLACE

CITY-STATE-ZIP STATEN ISLAND NY

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do 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:

*Andrew L. Stidd, V.P.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/19/96

(860) 241-7000

Daytime Phone

CR2E034 (12/95)