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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000082105

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90021 032 ***150.00

MC CRI	EDIT CARD, INC.				
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Principal Plac	e of Business	Mailing Address		- 1 10611001 110 fæste ænts ænts antsi næste æn	MI TREEM DINNE DEMYT MASAN MASS TAND
5901 EAST FO	WLER AVENUE	5901 EAST FOWLER AVENU	E		
TAMPA FL 336		TAMPA FL 33617-2362	-		
				DO NOT WRITE IN TH	IS SPACE
i				3. Date Incorporated or Qualifed	ł
2 Dringing P	lace of Business	2a. Mailing Address		10/03/1996 4. FEI Number	Applied Fan
	lace of Business	<u> </u>]	Applied For Not Applicable
21 Suite Ant	# etc	Suite, Apt. #, etc.		59-3432375	\$8.75 Additional
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certifcate of Status Desired	Fee Required	
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	
24	25	29	10	Personal Property Tax.	XX Yes □No
)	9. Name and Address of Curren			10. Name and Address of New Registere	d Agent
			81 Name]
	CORPORATION SYSTEM		82 Street Add	tress (P.O. Box Number is Not Acceptable)	
	SOUTH PINE ISLAND ROAD				
PLA	ntation fl 33324		83		į
			84 City		85 Zip Code
(•			<u> </u>	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above-named con	poration submits this statement for the purpose	of changing its registered
i oπice or r	edistered adent, or boun, in the State	or cionda i sinco change was all	monzed by the corporati	ion's doald of directors, i hereby accept the abb	Omment as registered
agent. La	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	ia Statutės. 🏄 Ple	ease see attached Annex A	for a complete
	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	ia Statutės. 🏄 Ple lis	poration submits this statement for the purpose tion's board of directors. I hereby accept the appease see attached Annex Ast of Officers & Directors	for a complete
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F	${f lis}$ Registered Agent signature requin	st of Officers & Directors DATE DATE	<u>. </u>
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE: F	11s tegistered Agent signature requined 13.	st of Officers & Directors	AND DIRECTORS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE: F	Lis legistered Agent signature requin 13. 1.1 TITLE	st of Officers & Directors DATE DATE	<u>. </u>
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN DCCE NICHOLAS, GEORGE	nt and title if applicable. (NOTE: F	legistered Agent signature requin 13. 1.1 TITLE 1.2 NAME	st of Officers & Directors DATE DATE	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN DCCE NICHOLAS, GEORGE 5901 E FOWLER AVE	nt and title if applicable. (NOTE: F	Lis segistered Agent signature requined 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	st of Officers & Directors DATE DATE	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN DCCE NICHOLAS, GEORGE	nt and title if applicable. (NOTE: F ID DIRECTORS	Registered Agent signature requint 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	st of Officers & Directors DATE DATE	AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN DCCE NICHOLAS, GEORGE 5901 E FOWLER AVE	nt and title if applicable. (NOTE: F	Lis Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	st of Officers & Directors DATE DATE	AND DIRECTORS IN 12
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i. 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 the receiver or trustee empowered.

Williams, Vice President, 3/17/99, (813) 984-8801

CR2E034 (11/98)

Company	Officer	Title	Title	Business Address	275609-90021-32
IMC Credi	t Card, inc.				
	George Nicholas	Chairman of the Board	Chief Executive Officer	5901 East Fowler Ave., Tampa, FL 33617-2362	
	Thomas G. Middleton	President	Chief Operating Officer	5901 East Fowler Ave., Tampa, FL 33617-2362	
	Stuart D. Marvin	Chief Financial Officer	·	5901 East Fowler Ave., Tampa, FL 33617-2362	
	Timothy W. Griffin	Vice President		5901 East Fowler Ave., Tampa, FL 33617-2362	
	Susan W. McCarthy	Vice President		1301 Virginia Drive, Suite 110, Ft. Washington, PA 19034	
	Karen S. Bausman	Vice President		1301 Virginia Drive, Suite 110, Ft. Washington, PA 19034	
	Laurie S. Williams	Vice President	Secretary	5901 East Fowler Ave., Tampa, FL 33617-2362	
	Jeff Ault		Assistant Secretary	5901 East Fowler Ave., Tampa, FL 33617-2362	
	Dennis J. Pitocco	Vice President	Director of European Operations	35 Perrymount Rd. 2nd Floor, Oakfield House, Haywards Heath West, UK RH16 3BX	
	Debra G. Steinberg		Loan Officer	1301 Virginia Drive, Suite 110, Ft. Washington, PA 19034	
	Geary R. LeBreton		Loan Officer	1101 North Kings Highway, Suite G-100, Cherry Hill, NJ 08034	
	Susan L. McArdle		Loan Officer	1101 North Kings Highway, Suite G-100, Cherry Hill, NJ 08034	
	George Nicholas	Director	Chief Executive Officer	5901 East Fowler Ave., Tampa, FL 33617-2362	