


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90305 031 \*\*\*\*65.00

**DOCUMENT # 757378**

1. Entity Name  
**PSCU FINANCIAL SERVICES, INC.**



Principal Place of Business  
**560 CARILLON PKWY**  
**SAINT PETERSBURG, FL 33716 US**

Mailing Address  
**560 CARILLON PKWY**  
**SAINT PETERSBURG, FL 33716 US**

**94049470**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03312004 Chg-NP CR2E037 (10/03)

City & State

Zip Country

4. FEI Number  
**59-1743434**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND R**  
**PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SERIO, DAVID	
STREET ADDRESS	560 CARILLON PKWY	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	
TITLE	C	<input type="checkbox"/> Delete
NAME	SHANNON, RILEY	
STREET ADDRESS	1300 S EL CAMINO REAL	
CITY-ST-ZIP	SAN MATEO, CA 94402	
TITLE	S	<input type="checkbox"/> Delete
NAME	ADAMS, SUSANS	
STREET ADDRESS	PO BOX 6882	
CITY-ST-ZIP	RICHMOND, VA 23230	
TITLE	T	<input type="checkbox"/> Delete
NAME	ESRAEL, CRAIG	
STREET ADDRESS	6471 STAGE RD STE 200	
CITY-ST-ZIP	BARTLETT, TN 38134	
TITLE	D	<input type="checkbox"/> Delete
NAME	VATENTINE, MIKE	
STREET ADDRESS	400 N. LAKEVIEW PKWY	
CITY-ST-ZIP	VERNON HILLS, IL 60061	
TITLE	D	<input type="checkbox"/> Delete
NAME	VANN- BERSTEIN, VICKI	
STREET ADDRESS	560 CARILLON PKWY	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERLO, DAVID	
STREET ADDRESS	560 CARILLON PKWY	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *David Serlo* **4-7-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #