


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 757378 1. Entity Name PSCU FINANCIAL SERVICES, INC.	
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Principal Place of Business 560 CARILLON PKWY SAINT PETERSBURG, FL 33716 US	Mailing Address 560 CARILLON PKWY SAINT PETERSBURG, FL 33716 US
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DO NOT WRITE IN THIS SPACE



03142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1743434	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND R PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinsuring) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SERIO, DAVID 560 CARILLON PKWY SAINT PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SHANNON, RILEY 1300 S EL CAMINO REAL SAN MATEO, CA 94402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ADAMS, SUSANS PO BOX 6882 RICHMOND, VA 23230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ESRAEL, CRAIG 6471 STAGE RD STE 200 BARTLETT, TN 38134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VATENTINE, MIKE 400 N. LAKEVIEW PKWY VERNON HILLS, IL 60061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANN-BERSTEIN, VICKI 560 CARILLON PKWY SAINT PETERSBURG, FL 33716

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03/21/05-80031-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Serio Date: 3-17-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #