

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

**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90116 036 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 830113**

1. Corporation Name  
**UNITED COMPUCRED COLLECTIONS, INC.**



Principal Place of Business 4190 HARRISON AVE CINCINNATI OH 45211	Mailing Address 4190 HARRISON AVE CINCINNATI OH 45211
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/10/1973**

2. Principal Place of Business 21	2a. Mailing Address 26
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4. FEI Number 31-0801699	Applied For Not Applicable
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Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

City & State 23	City & State 28
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6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

Zip 24	Country 25	Zip 29	Country 30
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8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**MAHON, ETHEL**  
**10909 ATLANTIC BLVD**  
**SUITE 16**  
**JACKSONVILLE FL 32225**

10. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STINEMAN, ARTHUR B</b>	1.2 NAME	
STREET ADDRESS	<b>4190 HARRISON AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CINCINNATI, OH 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRINCE, THOMAS</b>	2.2 NAME	
STREET ADDRESS	<b>4190 HARRISON AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CINCINNATI, OH 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLEETER, DENIS R</b>	3.2 NAME	
STREET ADDRESS	<b>4190 HARRISON AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CINCINNATI OH</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Thomas Prince* **THOMAS PRINCE** 4-13-99 513 481 7000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)