2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#830113

Entity Name: UNITED COMPUCRED COLLECTIONS, INC.

FILED Jun 04, 2008 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

4190 HARRISON AVE
CINCINNATI, OH 45211

5715 HARRISON AVE
LOWER LEVEL
CINCINNATI, OH 45248

Current Mailing Address: New Mailing Address:

4190 HARRISON AVE
CINCINNATI, OH 45211

5715 HARRISON AVE
LOWER LEVEL
CINCINNATI, OH 45248

FEI Number: 31-0801699 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARTER, JANICE 10909 ATLANTIC BLVD SUITE 16 JACKSONVILLE, FL 32225 US FOSTER, GERALD K 2500 MANASOTA BCH BLVD. ENGLEWOOD, FL 34223 US

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.

SIGNATURE: GERALD FOSTER 06/04/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition DENNIS, CLEETER R NORMAN, FLOYD G Name: Name: 4190 HARRISON AVE 5715 HARRISON AVENUE Address: Address: City-St-Zip: CINCINNATI, OH 45211 City-St-Zip: CINCINNATI, OH 45248

Title: T () Delete Title: T (X) Change () Addition
Name: CLEETER, DENNIS R Name: NORMAN, FLOYD G
Address: 4190 HARRISON AVE Address: 5715 HARRISON AVENUE

Address: 4190 HARRISON AVE
City-St-Zip: CINCINNATI, OH 45211

Address: 5715 HARRISON AVENUE
City-St-Zip: CINCINNATI, OH 45248

Title: S () Delete Title: S (X) Change () Addition
Name: CLEETER, DEBORAH F Name: NORMAN, NICOLE L

 Name:
 CLEETER, DEBORAH F
 Name:
 NORMAN, NICOLE L

 Address:
 4190 HARRISON AVE
 Address:
 5715 HARRISON AVENUE

 City-St-Zip:
 CINCINNATI, OH 45211
 City-St-Zip:
 CINCINNATI, OH 45248

Title: () Delete Title: VP () Change (X) Addition

 Name:
 Name:
 NORMAN, NICOLE L

 Address:
 Address:
 5715 HARRISON AVENUE

 City-St-Zip:
 City-St-Zip:
 CINCINNATI, OH 45248

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLE L NORMAN VP 06/04/2008