



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90034 011 ***150.00

DOCUMENT # F02000005038					
1. Entity Name CREDIT UNION SERVICES INCORPORATED					
Principal Place of Business 8131 LBJ FRWY STE. 400 DALLAS, TX 75251		Mailing Address 8131 LBJ FRWY STE. 400 DALLAS, TX 75251			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 75-2623130	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input type="checkbox"/> Delete	TITLE	Sr: V.P./COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEICE, TOM		NAME	Eric Pointer	
STREET ADDRESS	8131 LBJ FRWY STE. 550		STREET ADDRESS	8131 LBJ Frwy Ste 400	
CITY-ST-ZIP	DALLAS, TX 75251		CITY-ST-ZIP	Dallas TX 75251	
TITLE	VSTD	<input type="checkbox"/> Delete	TITLE	V.P./Sales	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, GERALD		NAME	Derek Beard	
STREET ADDRESS	8131 LBJ FRWY STE. 550		STREET ADDRESS	8131 LBJ Frwy Ste 400	
CITY-ST-ZIP	DALLAS, TX 75251		CITY-ST-ZIP	Dallas TX 75251	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	V.P./Project Risk	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GURNEY, JEFFREY W		NAME	Albert Hernandez	
STREET ADDRESS	8131 LBJ FRWY STE. 400		STREET ADDRESS	8131 LBJ FRWY Ste 400	
CITY-ST-ZIP	DALLAS, TX 75251		CITY-ST-ZIP	DALLAS TX 75251	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, ELIZABETH		NAME		
STREET ADDRESS	8131 LBJ FRWY STE 550		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75251		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 607, 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: 			1-26-05 972-664-1088		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> ALBERT HERNANDEZ-VICE PRES.			<small>Date</small> <small>Daytime Phone #</small>		

40010490



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