

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005038

FILED
Jan 04, 2010
Secretary of State

Entity Name: CREDIT UNION SERVICES INCORPORATED

Current Principal Place of Business:

8131 LBJ FRWY STE. 400
DALLAS, TX 75251

New Principal Place of Business:

Current Mailing Address:

8131 LBJ FRWY STE. 400
DALLAS, TX 75251

New Mailing Address:

FEI Number: 75-2623130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S/T
Name: MIRACLE, KAREN
Address: 8131 LBJ FRWY STE. 550
City-St-Zip: DALLAS, TX 75251

Title: VP/D
Name: THOMPSON, GERALD
Address: 8131 LBJ FRWY STE. 550
City-St-Zip: DALLAS, TX 75251

Title: CHMN
Name: LEDERER, JOHN
Address: 8131 LBJ FRWY STE 550
City-St-Zip: DALLAS, TX 75251

Title: PCEO
Name: POINTER, VANCE ERIC
Address: 8131 LBJ FRWY STE. 400
City-St-Zip: DALLAS, TX 75251

Title: D
Name: NEWMAN, ELIZABETH
Address: 8131 LBJ FRWY STE 550
City-St-Zip: DALLAS, TX 75251

Title: COO
Name: HERNANDEZ, ALBERT
Address: 8131 LBJ FAIRWAY STE 400
City-St-Zip: DALLAS, TX 75251

I hereby 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 all other like empowered.

SIGNATURE: ALBERT HERNANDEZ

COO

01/04/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date