NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Jul 12, 1999 8:00 am
Secretary of State
07-12-1999 90014 016 ****61.25

DOCUMENT # F98000002889

1. Corporation Name
AMERIDEBT, INC.

* 5 8 6 2 4 8 *
586248 - 90014 - 16

Principal Place of Business	Mailing Address
12850 MIDDLEBROOK RD., #400 GERMANTOWN MD 20874	12850 MIDDLEBROOK RD., #400 GERMANTOWN MD 20874
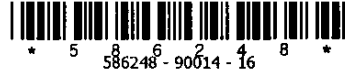
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed 05/20/1998
1	26	
Suite, Apt. #, etc. 2	Suite, Apt. #, etc. 27	4. FEI Number 52-2009020 — Applied For / Not Applicable
City & State 3	City & State 28	5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required
Zip Country 4 25	Zip Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SARGENT, WILLIAM 2455 SUNRISE BLVD., #600 FT. LAUDERDALE FL 33304	81 Name *Harry Patrie* 82 Street Address (P.O. Box Number is Not Acceptable) *2455 Sunrise Blvd, #600* 83 *AmeriDebt, Inc.* 84 City *Ft. Lauderdale* FL 85 Zip Code *33304*

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Harry Patrie   Harold (Harry) Patrie   Dir. of Ops*   *7/1/99*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DC NAME SHUSTER, PAMELA A STREET ADDRESS 12503 GRANITE RIDGE DR. CITY-ST-ZIP NORTH POTOMAC MD 20878	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒ Change ☐ Addition *14132 Stonecutter Drive North Potomac, MD 20878*
TITLE D NAME KIEFER, MICHAEL STREET ADDRESS 12516 GRANITE RIDGE DR. CITY-ST-ZIP NORTH POTOMAC MD 20878	☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME WILSON, PENNEY STREET ADDRESS 25612 COLTRANE DR. CITY-ST-ZIP DAMASCUS MD 20872	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☒ Change ☐ Addition *Penny Wilson*
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/99)

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 617, 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: *Penny Helwood* Penny L. Wilson   7/1/99   301-515-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #   x 2129