PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000004823

1. Corporation Name

CREDIT BUREAU COLLECTION SERVICES, INC.

								J ODIS OLDO ID	ARO DIOUDE EDIA LUDI	
Principal Place of Business Mailing Address										
250 EAST TOW	250 EAST TOWN STRE									
COLUMBUS OH 43215		COLUMBUS OH 43215				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed			
							08/24/1998			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		Applied For	
21		26				31-1519935	. 1	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75	5 Additional	
22		27	27				5. Certificate of Status Desired	Fee	Required	
City & Stat	8	City & State				•	6. Election Campaign Financing S5.00 May Be			
23		28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cot	ıntry	,	_	8. This corporation owes the current year	ntangible		
24 25 29			30	30			Personal Property Tax. ☐ Yes 🔼 No			
	9. Name and Address of Currer	nt Registered Agent					10. Name and Address of New Registers	d Agent		
•				81	Nar	ne				
RICHARDS, KELLY				82 Street Add			ess (P.O. Box Number is Not Acceptable)			
150 JOHN KNOX ROAD				OZ Street Aut		ier Addre	ess (F.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32302				83						
				L						
				84	City	•	· F	1 85 Zi	p Code	
11 Dureuant	to the provisions of Sections 607 050	2 and 607 1508. Florida St	atutes the a	bovi	e-nam	ed corpo	oration submits this statement for the purpose	of changing i	its registered	
office or r	egistered agent, or both, in the State.	of Florida. Such change w	as authonze	d bv	the co	rporation	n's board of directors. I hereby accept the app	ointment as	registered	
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505,	, Fionda Stat	utes	i.				ĺ	
SIGNATURE	Signature, typed or printed name of registered age	at and title if analicable.	NOTE: Paristara	1 Ann	nt eignat	ire required	when reinstating) DATE			
12.		ID DIRECTORS	13.	- 190			ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12	
TITLE	P			I.1 TITLE		\top		☐ Chang	je 🔲 Addition	
NAME	BRINGARDNER, DAVID F		1.2 N/		1.2 NAME					
STREET ADDRESS	250 EAST TOWN STREET		·		1.3 STREET ADDRESS					
	COLUMBUS OH 43215			1.4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE	V			2.1 TITLE				Change	je Addition	
	· · · · · · · · · · · · · · · · · · ·			2.2 NAME		ļ			,	
NAME	· · · · · · · · · · · · · · · · · · ·				2.3 STREET ADDRESS					
STREET ADDRESS	250 EAST TOWN STREET					:55				
CITY-ST-ZIP			2.4 CITY-ST-ZIP		-		☐ Chang	e		
TITLE ·	TS DIDIC M								7.00.00	
NAME	CANTRELL, DIRK M		3.2 N							
STREET ADDRESS	250 EAST TOWN STREET	•			TADORE	55	•			
CITY-ST-ZIP	COLUMBUS OH 43215	□ ac.c.			ST-ZIP			Chang	e Addition	
III/E	D	☐ DELETI				1		Clarin	e (Addition	
NAME	PRICE, WILLIAM H			AME						
STREET ADDRESS	250 EAST TOWN STREET		4.3 S	TREE	TADDRE	SS				
CITY-ST-ZIP	COLUMBUS OH 43215				T-ZIP	+				
TITLE		☐ DELETI	I -					Chang	ge	
NAME			5.2 N						Ī	
STREET ADDRESS			5.3 S	TREE	T ADDRE	:SS				
CITY-ST-ZIP					T-ZIP					
TITLE		☐ DELET	E 6.1 T	MLE				☐ Chang	ge 🗌 Addition	

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 changes, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90050 035 ***150.00