2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2000 8:00 am Secretary of State DOCUMENT # F98000004823 CREDIT BUREAU COLLECTION SERVICES, INC. 05-15-2000 90223 047 ***150.00 Mailing Address Principal Place of Business 250 EAST TOWN STREET 250 EAST TOWN STREET COLUMBUS OH 43215-4631 COLUMBUS OH 43215 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 31-1519935 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RICHARDS, KELLY Street Address (P.O. Box Number is Not Acceptable) 150 JOHN KNOX ROAD TALLAHASSEE FL 32302 Zip Code City 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE BRINGARDNER, DAVID F NAME NAME 250 EAST TOWN STREET STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP COLUMBUS OH 43215 **XX**Change ☐ Addition TITI F XX Delete TITLE MANAGER DONALDSON, SCOTT E NAME NAME JOHNSON, TONY STREET ADDRESS 250 EAST TOWN STREET STREET ADDRESS 250 EAST TOWN STREET COLUMBUS OH 43215 CITY-ST-ZIP CITY-ST-ZIP COLUMBUS, OH 43215 TITLE TO THE Change Addition 1 Delete CANTRELL, DIRK M NAME NAME STREET ADDRESS 250 EAST TOWN STREET STREET ADDRESS CITY-ST-ZIP COLUMBUS OH 43215 CITY-ST-ZIP ☐ Change ■ Addition TITI F ☐ Delete TITLE PRICE, WILLIAM H NAME NAME 250 EAST TOWN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COLUMBUS OH 43215 CITY-ST-7IF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR