| 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: WILLIAM J O'KANE

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# P09000095405

#### Entity Name: COMMERCIAL CREDIT INFORMATION CORP

### **Current Principal Place of Business:**

288 SEA WOODS DR N SAINT AUGUSTINE, FL 32080

### **Current Mailing Address:**

288 SEA WOODS DR N SAINT AUGUSTINE, FL 32080 US

### FEI Number: 61-1527552

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

O'KANE, WILLIAM J 288 SEA WOODS DR N SAINT AUGUSTINE, FL 32080 US

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:

| Officer/Director Detail : |                          |                 |                          |  |
|---------------------------|--------------------------|-----------------|--------------------------|--|
| Title                     | Р                        | Title           | т                        |  |
| Name                      | O'KANE, WILLIAM J        | Name            | O'KANE, ELISE S          |  |
| Address                   | 288 SEA WOODS DR N       | Address         | 288 SEA WOODS DR N       |  |
| City-State-Zip:           | SAINT AUGUSTINE FL 32080 | City-State-Zip: | SAINT AUGUSTINE FL 32080 |  |

Certificate of Status Desired: No

PRESIDENT

02/11/2019

## FILED Feb 11, 2019 Secretary of State 1848114766CC

Date

Date