

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000002727

Entity Name: COLLATERAL SPECIALISTS INC.**Current Principal Place of Business:**250 BEL MARIN KEYS BLVD., #G2
NOVATO, CA 94949**Current Mailing Address:**250 BEL MARIN KEYS BLVD., #G2
NOVATO, CA 94949**FEI Number:** 68-0366273**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	C/P
Name	JENNINGS, JAMES L
Address	250 BEL MARIN KEYS BLVD., #G2
City-State-Zip:	NOVATO CA 94949

Title	T
Name	JENNINGS, JAMES L
Address	250 BEL MARIN KEYS BLVD., #G2
City-State-Zip:	NOVATO CA 94949

Title	VCVP
Name	JENNINGS, BRIAN L
Address	250 BEL MARIN KEYS BLVD., #G2
City-State-Zip:	NOVATO CA 94949

Title	D/S
Name	JENNINGS, LINDA A
Address	250 BEL MARIN KEYS BLVD., #G2
City-State-Zip:	NOVATO CA 94949

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: JAMES JENNINGS**PRESIDENT****02/11/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date