

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 416332

FILED
May 17, 2011
Secretary of State

Entity Name: MERCHANTS ASSOCIATION CREDIT BUREAU, INC.

Current Principal Place of Business:

C/O T. CURTIS FLYNN, JR.
134 S. TAMPA STREET
TAMPA, FL 33602

New Principal Place of Business:

C/O LESLIE R. DUKES
134 S. TAMPA STREET
TAMPA, FL 33602

Current Mailing Address:

C/O T. CURTIS FLYNN, JR.
PO BOX 972
TAMPA, FL 33602

New Mailing Address:

C/O LESLIE R. DUKES
PO BOX 972
TAMPA, FL 33602

FEI Number: 59-1447756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

USHER, WILLIAM C JR.
134 SOUTH TAMPA STREET
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: DUKES, LESLIE R
Address: 134 SOUTH TAMPA ST
City-St-Zip: TAMPA, FL 33602

Title: D
Name: AMOR, JACK
Address: 134 S TAMPA STREET
City-St-Zip: TAMPA, FL 33602

Title: TD
Name: KILGORE, MICHAEL
Address: 134 SOUTH TAMPA ST.
City-St-Zip: TAMPA, FL

Title: SD
Name: KRONE, ROBERT
Address: 134 S. TAMPA ST
City-St-Zip: TAMPA, FL

Title: D
Name: TOMLIN, HOLLY
Address: 134 S TAMPA ST
City-St-Zip: TAMPA, FL 33602

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: LESLIE R. DUKES

PD

05/17/2011

Electronic Signature of Signing Officer or Director

Date