

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 532339

FILED  
Apr 20, 2011  
Secretary of State

Entity Name: GULF COAST CREDIT CORPORATION

**Current Principal Place of Business:**

212 SOUTH CENTRAL  
SUITE 100  
ST LOUIS, MO 63105

**New Principal Place of Business:**

**Current Mailing Address:**

212 SOUTH CENTRAL  
SUITE 100  
ST LOUIS, MO 63105 US

**New Mailing Address:**

FEI Number: 59-2075078      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KENNEY, THERESA M ESQ  
4348 SOUTHPOINT BLVD.  
SUITE 101  
JACKSONVILLE, FL 32216 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: SCD  
Name: LOVE, ANDREW S JR  
Address: 212 SOUTH CENTRAL, SUITE 201  
City-St-Zip: ST LOUIS, MO 63105

Title: AT  
Name: KOVARIK, ANNETTE M  
Address: 212 SOUTH CENTRAL SUITE 304  
City-St-Zip: ST LOUIS, MO 63105

Title: PD  
Name: SCHIFFER, LAURENCE A  
Address: 212 SOUTH CENTRAL SUITE 201  
City-St-Zip: ST LOUIS, MO 63105

Title: AST  
Name: CLEMENT, GLORIA D  
Address: 212 SOUTH CENTRAL SUITE 304  
City-St-Zip: ST LOUIS, MO 63105

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: LAURENCE A. SCHIFFER

PRES

04/20/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date