FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 25 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 835201 (5)

1. Corporation Name
COMPUTER CREDIT, INCORPORATED

Principal Place of Business	Mailing Address
P. O. BOX 5238 WINSTON-SALEM NC 27113-2238	P. O. BOX 5238 WINSTON-SALEM NC 27113-2238

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/13/1975
3a. Date of Last Report: 03/14/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 56-1021667 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BARBER, GARY S.
BROWARD FINANCIAL CENTER, 17TH FLOOR
500 E. BROWARD BLVD.
FT. LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	LAKE, J. GILMOUR	1.2 NAME	
STREET ADDRESS	1 GRAYLYN PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINSTON-SALEM NC	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	LONDON L. PICKETT	2.2 NAME	
STREET ADDRESS	500 MAGNOLIA ST.	2.3 STREET ADDRESS	1341 Seminole Drive
CITY-ST-ZIP	WINSTON SALEM NC	2.4 CITY-ST-ZIP	Greensboro, NC 27408
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	LAKE, J. GILMOUR	3.2 NAME	
STREET ADDRESS	1 GRAYLYN PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINSTON-SALEM NC	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WALL, E. CRAIG JR.	4.2 NAME	
STREET ADDRESS	1503 CALHOUN ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CONWAY SC	4.4 CITY-ST-ZIP	
TITLE	VS	5.1 TITLE	☐ Change ☐ Addition
NAME	LAKE, GAIL A.	5.2 NAME	
STREET ADDRESS	1 GRAYLYN PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINSTON-SALEM, N.C	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	☐ Change ☐ Addition
NAME	RICKIE L. MANUEL	6.2 NAME	
STREET ADDRESS	170 WAYSIDE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINSTON SALEM NC	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gilmour Lake 1/18/95 (910) 761-1524
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

04002220 FN

(1)

12. OFFICERS and DIRECTORS:

Additional Officers:

Vice President: Robert W. Roach
188 Fairway Drive, Bermuda Run, Box 515
Advance, NC 27006

Assistant Secretary: Kaye S. Nifong
2450 Merrimont Drive
Winston-Salem, NC 27106