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FILED

Mar 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 835201 (5)

1. Corporation Name  
COMPUTER CREDIT, INCORPORATED

Principal Place of Business

Mailing Address

P. O. BOX 5238  
640 W. 4TH ST.  
WINSTON-SALEM NC 27113-2238

P. O. BOX 5238  
640 W. 4TH ST.  
WINSTON-SALEM NC 27113-5238



2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARBER, GARY S.  
BROWARD FINANCIAL CENTER, 17TH FLOOR  
500 E. BROWARD BLVD.  
FT. LAUDERDALE FL 33304

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

Signature type for printed name of registered agent and for P applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PTD  
LAKE, J. GILMOUR  
1 GRAYLYN PLACE  
WINSTON-SALEM NC 27106

☐ DELETE

1.1 TITLE

☒ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY- ST- ZIP

1.4 CITY- ST- ZIP

819 Devon Court  
Winston-Salem, NC 27104

TITLE

VPTS  
MANUEL, RICKIE L  
176 WAYSIDE DR.  
WINSTON-SALEM NC 27107

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY- ST- ZIP

2.4 CITY- ST- ZIP

TITLE

S  
NIFONG, KAYE S  
2450 MERRIMONT DR.  
WINSTON-SALEM NC 27108

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY- ST- ZIP

3.4 CITY- ST- ZIP

TITLE

VPS  
JONES, THOMAS D III  
1000 KENLEIGH CIRCLE  
WINSTON-SALEM NC 27103

☒ DELETE

4.1 TITLE

☐ Change ☒ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY- ST- ZIP

4.4 CITY- ST- ZIP

Vice Pres., Sales  
Michael J. O'Connor  
1044 Cross Gate Rd.  
Winston-Salem, NC 27106

TITLE

D  
WALL, E. CRAIG JR.  
1503 CALHOUN RD.  
CONWAY SC 29526

☒ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY- ST- ZIP

5.4 CITY- ST- ZIP

Mr. Wall passed away 3/5/97 and  
has not yet been replaced.

TITLE

DP  
PICKETT, LONDON L  
1341 SEMINOLE DR.  
GREENSBORO NC 27408

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY- ST- ZIP

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing 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 change, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/97 (910) 761-1524

Date

Daytime Phone

0010040

CR2E034 (9/96)