


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90033 018 ***150.00

DOCUMENT # 835201	
1. Entity Name COMPUTER CREDIT, INC.	

Principal Place of Business 640 W 4TH ST WINSTON SALEM, NC 27101 US	Mailing Address P. O. BOX 5238 WINSTON-SALEM, NC 27113-2238 US
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50009283



2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01122005 Chg-P CR2E034 (10/03)

4. FEI Number 56-1021667		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BARBER, GARY S. BROWARD FINANCIAL CENTER, 17TH FLOOR 500 E. BROWARD BLVD. FT. LAUDERDALE, FL 33394		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LAKE, J. GILMOUR #1 GRAYLYN PL. WINSTON SALEM, NC 27106 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, Treasurer, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS MANUEL, RICKIE L 176 WAYSIDE DR. WINSTON-SALEM, NC 27107 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PICKETT, LONDON L 2805 WESLEYAN LANE WINSTON SALEM, NC 27106 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULTON, PAUL 1093 F. KENT RD. WINSTON-SALEM, NC 27104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS JORDAN, CHARLES 700 LANKASHIRE RD. WINSTON SALEM, NC 27106 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached for Additional Officers <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1/25/05** **(336) 761-1524**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
COMPUTER CREDIT, INC.
OFFICERS & DIRECTORS

#835201
50009283

President: Elisabeth S. Barksdale
243-33-7717
1065 Phoenix Risin Lane
Germanton, NC 27019

Vice President, Interface Development: Rickie L. Manuel *
239-72-5760
176 Wayside Drive
Winston-Salem, NC 27107

Vice President, Operations/Secretary/Treasurer: Charles Jordan
242-76-5443
700 Lankashire Road
Winston-Salem, NC 27106

Vice President, Sales & Client Services: Tyrus M. Carson
257-74-9082
303 Bing Crosby Blvd.
Advance, NC 27006

Vice President, Technical Services: Jeff W. Coffey
237-98-4270
139 Woodberry Trail
Mocksville, NC 27028

* Indicates Shareholder

DIRECTORS:

J. Gilmour Lake *
#1-Graylyn Place
Winston-Salem, NC 27106

London L. Pickett
2805 Wesleyan Lane
Winston-Salem, NC 27106

Paul Fulton *
1093 East Kent Road
Winston-Salem, NC 27104

CHIEF EXECUTIVE OFFICER

J. Gilmour Lake *
#1 Graylyn Place
Winston-Salem, NC 27106

ATTACHMENT



50009283

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 12, 2005

COMPUTER CREDIT, INC.
P. O. BOX 5238
WINSTON-SALEM, NC 27113-2238 US

SUBJECT: COMPUTER CREDIT, INC.
Ref. Number: 835201

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

An officer or director must sign the report.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott
Document Specialist

Letter Number: 505A00002311