FILED
Apr 11, 2003 8:00 am
Secretary of State
04-11-2003 90158 021 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 835201

1. Entity Name
COMPUTER CREDIT, INC.

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

☐ CHECK HERE IF MAKING CHANGES

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

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARBER, GARY S. BROWARD FINANCIAL CENTER, 17TH FLOOR 500 E. BROWARD BLVD. FT. LAUDERDALE, FL 33394	Name Street Address (P.O. Box Number Is Not Acceptable) City **FL** Zip Code

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

FILE NOW!! $ 150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPTS MANUEL, RICKIE L 175 WAYSIDE DR. WINSTON-SALEM, NC 27107	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP O'CONNOR, MICHAEL J 125 CREEKSTONE CT. WINSTON SALEM, NC 27104	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PICKETT, LONDON L 5176 HUNTCLIFF TRAIL WINSTON-SALEM, NC 27104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FULTON, PAUL 1093 F. KENT RD. WINSTON-SALEM, NC 27104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS JORDAN, CHARLES 700 LANKASHIRE RD. WINSTON SALEM, NC 27106	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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.

(336)

SIGNATURE: Charles Jordan 4/7/03 761-1524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment #

800765 49
835201

11. OFFICERS and DIRECTORS:

Additional Officers:

Vice President, Sales/Client Services: Elisabeth S. Barksdale
1065 Phoenix Risin Lane
Germanton, NC 27019

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