

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 853273**

1. Entity Name

JACOBSON CREDIT CORP.**FILED**
May 17, 2000 8:00 am
Secretary of State

05-17-2000 91079 001 ***300.00

15122

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**3333 SARGENT RD
JACKSON MI 49201-8847****3333 SARGENT RD
JACKSON MI 49201-8847**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-1794471

Applied For

Not Applicable

Zip

Country

Zip

Country

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****CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SD	TITLE	
NAME	ROSENFELD, RICHARD	NAME	
STREET ADDRESS	3333 SARGENT ROAD	STREET ADDRESS	
CITY-ST-ZIP	JACKSON MI	CITY-ST-ZIP	
TITLE	VCD	TITLE	
NAME	GILBERT, PAUL W.	NAME	
STREET ADDRESS	3333 SARGENT ROAD	STREET ADDRESS	
CITY-ST-ZIP	JACKSON MI	CITY-ST-ZIP	
TITLE	PCEO	TITLE	
NAME	MILLS, GERALD P	NAME	
STREET ADDRESS	3333 SARGENT ROAD	STREET ADDRESS	
CITY-ST-ZIP	JACKSON MI 49201	CITY-ST-ZIP	
TITLE	DVPT	TITLE	
NAME	BINKLEY, KEVIN	NAME	
STREET ADDRESS	3333 SARGENT ROAD	STREET ADDRESS	
CITY-ST-ZIP	JACKSON MI	CITY-ST-ZIP	
TITLE	VPC	TITLE	
NAME	SPALDING, TIMOTHY J.	NAME	
STREET ADDRESS	3333 SARGENT ROAD	STREET ADDRESS	
CITY-ST-ZIP	JACKSON MI	CITY-ST-ZIP	
TITLE	ASAT	TITLE	
NAME	COLLINS, DANA J	NAME	
STREET ADDRESS	3333 SARGENT ROAD	STREET ADDRESS	
CITY-ST-ZIP	JACKSON MI 49201	CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary

Date

Daytime Phone #

4-21-00

517-764-6400