FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 857524

UNITED CREDITORS ALLIANCE CORPORATION

Principal Place of Business	Mailing Address	
2323 LAKE CLUB DR COLUMBUS OH 43232	2323 LAKE CLUB DR COLUMBUS OH 43232	

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

Applied For

08/25/1983

4. FEI Number

FILED Feb 19, 1999 8:00am **Secretary of State**

02-19-1999 90047 049 ***150.00

Suite, Apt. #, etc.	z. Principai Fiad	CG OI Busilless	1				31-1073209	Not A	pplicable	
27 City & State 27 City & State 28 City & State 28 City & State 29 Country 2p Country 2p Country 2p Country 3. This corporation owes the current year intergeble personal Property Tax. Yes No. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent No. Name and Address of New Re	1							\$8.75 Ad	ditional ====	
City & State Ci	Suite, Apt. #,	, etc.	⊢ ¬	. w, dto			- 5. Certificate of Status Desired	Fee Requ	ired	
City & State 28							6 Flection Campaign Financing	\$5.00 M	ay Be	
29 Zip Country Zip Country Zip Country S. This copporation owes the current year Intengible Personal Property Tax. Yes No	City & State		 '	110				Added to	Fees	
29 30 Personal Property Tax. Yes No.	3				Country			Intangible		
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 11. Pursuant to the provisions of Sections 697:0502 and 697:1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both on the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered discounts of Sections 697:0502 and 697:1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both on the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the oppointment as registered agent, and accept the oppointment as registered agent agents agent	Zip	Country	├ ─ `					☐Yes [No	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 register office or registered agent, or both, or the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and refiliate with, and except the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, or the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and refiliate with, and except the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or primed name of registered agent and title / registered agent, and refiliate with, and except the obligations of, Section 607.0505, Florida Statutes. 12. OFFICERS AND DIRECTORS 10. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. NAME 12. OFFICERS AND DIRECTORS 1. 13. STREET ADDRESS 1. 12. NAME 12. STREET ADDRESS 1. 14. CITY. ST. 2P. Change 1.	4				L		10 Name and Address of New Register	red Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Ba		9. Name and Address of Current	Registered Age	nt	- B1	Name	To. Hamo dire			
1200 S. PINE ISLAND ROAD PLANTATION FL 33324 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 807.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of agent. I am familiar with, and accept the obligations of, Section 697.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 697.0505, Florida Statutes agent. I am familiar with, and accept the obligations of, Section 697.0505, Florida Statutes SIGNATURE Signatura, typee or primers retired or inspitation. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE PROPERTY OF THE STATUTE STATUTE STATUTE STATUTE STATUTE COLUMBUS OH 43232 13. TITLE 12. NAME 13. TITLE 12. NAME 13. STREET ADDRESS CITY-ST-ZIP COLUMBUS OH 43232 14. CITY-ST-ZIP COLUMBUS, OH 00000 43232 15. TITLE 15. SADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 15. STREET ADDRESS CITY-ST-ZIP TITLE 15. SADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 15. TITLE 15. SADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 15. TITLE 15. SADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 15. TITLE 15. SADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 15. TITLE 15. SADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 15. TITLE 15. SADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 15. TITLE 15. SADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 15. TITLE 15. SADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 15. TITLE 15. SADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 15. TITLE 15. SADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 15. TITLE 15. SADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 15. TITLE 15. SADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 15. TITLE 15. SADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 15. TITLE 15. SADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 15. TITLE 15. SADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 15. TITLE 15. TITLE 15. SADDITIONS/CHANGES TO OFF					["]					
PLANTATION FL 33324 84 City	1200 S. PINE ISLAND ROAD					82 Street Address (P.O. Box Number is Not Acceptable)				
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office or registered agent. Jam familiar with, and accept the obligations of, Section 607, 0505, Florida Statutes. SIGNATURE 12.	44	the provisions of Sections 607 0502	and 607.1508. F	lorida Statutes,	the above	-named corp	poration submits this statement for the purpos	e ot changing its re opointment as regi	egistered stered	
SIGNATURE Signature, hyboid or printed name of registered agent and olde if applicable (NOTE: Registered Agent alignature required when reinstating) DATE	office or re	egistered agent, or both, in the State of	Florida. Such c	hange was auth	orized by	the corporati	on's board of directors. I hereby accept the a	ppointinon de g-		
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CITY-ST-ZIP CITY-ST-ZIP 14. 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am a stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am a stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am a stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am a stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am a stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am a stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am a stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am a stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am a stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am a stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am a stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am a stated in Section 119.07(3)(ii), Florida Statutes. I further certification in the section 119.07(3)(ii) and its section 119.07(3)(iii) and its section 119.07(3)(iiii) and its section 119.07(3)(iiii) and its section 119.07(3)(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	CITY-ST-ZIP	tis that the information opening we	ith this filing doe	s not qualify for	the exemi	otion stated in	Section 119.07(3)(i), Florida Statutes. I furth	er certify that the i	nformation	

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 i am an 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 5h address, with all other like empowered.

SIGNATURE: