

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 857866	
1. Entity Name CREDITOR RESOURCES, INC.	

Principal Place of Business 400 GALLERIA PARKWAY SE SUITE 1000 ATLANTA, GA 30339	Mailing Address 4333 EDGEWOOD RD NE CEDAR RAPIDS, IA 52499
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DO NOT WRITE IN THIS SPACE



03232008 No Chg-P CR2E034 (11/05)

4. FEI Number 42-1079584	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

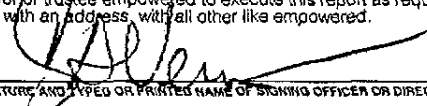
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARP, MARILYN 520 PARK AVENUE BALTIMORE, MD 21210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETERS, SUSAN 1100 JOHNSON FERRY RD ATLANTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS VERMIE, CRAIG D 4333 EDGEWOOD ROAD NE CEDAR RAPIDS, IA 52499
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP LATCHFORD, PAUL 520 PARK AVE BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EUBANKS, MICHAEL 520 PARK AVENUE BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, EDWARD H III 520 PARK AVENUE BALTIMORE, MD 21201

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04/13/06-80055-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Craig D. Vermie, Asst Secretary** **3/23/06** **319-398-8511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #