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	Mailing Address
400 GALLERIA PARKWAY SE SUITE 1000 ATLANTA, GA 30339	4333 EDGEWOOD RD NE CEDAR RAPIDS, IA 52499

DO NOT WRITE IN THIS SPACE

03232006 No Chg-P CR2E034 (11/05)

4. FEI Number
42-1079584
☐ Applied For
☐ Not Applicable

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

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CARP, MARILYN
STREET ADDRESS	520 PARK AVENUE
CITY-ST-ZIP	BALTIMORE, MD 21210
TITLE	T
NAME	PETERS, SUSAN
STREET ADDRESS	1100 JOHNSON FERRY RD
CITY-ST-ZIP	ATLANTA, GA
TITLE	DAS
NAME	VERMIE, CRAIG D
STREET ADDRESS	4333 EDGEWOOD ROAD NE
CITY-ST-ZIP	CEDAR RAPIDS, IA 52499
TITLE	SVP
NAME	LATCHFORD, PAUL
STREET ADDRESS	520 PARK AVE
CITY-ST-ZIP	BALTIMORE, MD 21201
TITLE	VP
NAME	EUBANKS, MICHAEL
STREET ADDRESS	520 PARK AVENUE
CITY-ST-ZIP	BALTIMORE, MD 21201
TITLE	D
NAME	WALKER, EDWARD H III
STREET ADDRESS	520 PARK AVENUE
CITY-ST-ZIP	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 #