2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State
04-04-2002 90019 036 ***150.00

DOCUMENT # F00000002162

1. Entity Name
ECREDIT.COM, INC.

Principal Place of Business	Mailing Address
20 CAREMATRIX DRIVE DEDHAM MA 02026	20 CAREMATRIX DRIVE DEDHAM MA 02026

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
20 Carematrix Dr Suite, Apt. #, etc.	20 Carematrix DRIVE Suite, Apt. #, etc.
City & State: Dedham ma	City & State: Dedham ma
Zip: 02026 Country: USA	Zip: 02026 Country: USA

4. FEI Number 04-3204273 ☐ 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
C T CORPORATION SYSTEM 1200 SOUTH 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, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. 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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC SRINIVASAN, VENKAT 20 CAREMATRIX DRIVE DEDHAM MA 02026	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR KEN FOX 435 DEVON PARK DRIVE 600 SAFEGUARD BLDG WAYNE PA 19087	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NUNNELLY, MARK 2 COPLEY PLACE BOSTON MA 02116	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR Kamal Advani 435 DEVON PARK DRIVE 600 SAFEGUARD BLDG. WAYNE PA 19087	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KONTOGOURIS, VENETIA 200 NYALA FARMS WESTPORT CT 06880	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CURME, OLIVER 20 WILLIAM STREET WELLESLEY MA 02481	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD RICHMOND, CHRISTOPHER 20 CAREMATRIX DRIVE DEDHAM MA 02026	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FULLERTON, JOHN 15 BROAD ST 22ND FLOOR NEW YORK NY 10260	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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: X Joel Freedenberg JOEL FREEDENBERG TREASURER 3/22/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #