FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2002 8:00 am § Secretary of State DOCUMENT # F01000001645 1. Entity Name 04-24-2002 90330 047 ***150 00 WESTERN CREDIT SERVICES CO. Principal Place of Business Mailing Address 8900 GRAND OAK CIRCLE 8900 GRAND OAK CIRCLE **ուսան իշ** TAMPA FL 33637-1050 TAMPA FL 33637-1050 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 93-1025328 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) Addition TITLE Delete TITLE President ☐ Change SHIGLEY, HENRY F NAME NAME Daniel J. Gilbert STREET ADDRESS 17822 OSPREY POINTE PLACE STREET ADDRESS 8900 Grand Oak Circle CITY-ST-ZIP TAMPA FL 33647 CITY-ST-ZIP Tampa, FL 33637 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME garner, James R STREET ADDRESS STREET ADDRESS 17952 CACHET ISLE DRIVE 8900 Grand Oak Circle CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33647 Tampa, FL 33637 TITLE ☐ Delete TITLE K Change ☐ Addition NAME NAME WHITING, GARDNER E III STREET ADDRESS STREET ADDRESS 17417 HEATHER OAKS PLACE 8900 Grand Oak Circle CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33647** Tampa, FL 33637 TITLE Delete **VCFO** TITLE Change ☐ Addition NAME LEVY, RICHARD M NAME STREET ADDRESS STREET ADDRESS 1201 Third Avenue 12118 S.E. 21ST STREET CITY-ST-7IP CITY-ST-ZIP SEATTLE WA 98101 Seattle, WA 98101 TITLE ☐ Delete TITLE K Change ☐ Addition NAME POUNDS, JACK W NAME STREET ADDRESS 17804 ARBOR GREEN DRIVE STREET ADDRESS 8900 Grand Oak Circle CITY-ST-ZIP **TAMPA FL 33629** CITY-ST-ZIP Tampa, FL 33637 TITLE ☐ Delete TITLE ☐ Addition **C**hange NAME NAME ROWLES, SEAN STREET ADDRESS 345 BAYSHORE BLVD., #1902 STREET ADDRESS

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.

CITY-ST-7IP

1201 Third Avenue

<u>Seattle, WA 98101</u>

Beverly Thurston 2002 SIGNATURE (ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

TAMPA FL 33606