

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2003 8:00 am
Secretary of State

06-10-2003 90035 013 ***550.00

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1. Entity Name
COMPREHENSIVE RECEIVABLES GROUP, INC.



Principal Place of Business
**5815 EAST CLARK ROAD
BATH MI 48808**

Mailing Address
**P.O. BOX 2503
EAST LANSING MI 48826**

2. Principal Place of Business

3. Mailing Address
250 EAST TOWN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
COLUMBUS, OHIO

Zip

Country

Zip

Country

43215

USA

4. FEI Number **38-2864952**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HOMANT, MICHAEL T	
STREET ADDRESS	5815 EAST CLARK ROAD	
CITY-ST-ZIP	BATH MI 48808	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	HANSON, GAIL L	
STREET ADDRESS	401 WEST MICHIGAN STREET	
CITY-ST-ZIP	MILWAUKEE WI 53203	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BERNSTEIN, MICHAEL E	
STREET ADDRESS	401 WEST MICHIGAN STREET	
CITY-ST-ZIP	MILWAUKEE WI 53203	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	KOCHANSKI, RONALD R	
STREET ADDRESS	5815 EAST CLARK ROAD	
CITY-ST-ZIP	BATH MI 48808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY S. Ebert	
STREET ADDRESS	250 EAST TOWN ST.	
CITY-ST-ZIP	COLUMBUS, OH 43215	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCIA A. Peterson	
STREET ADDRESS	5815 EAST CLARK ROAD	
CITY-ST-ZIP	BATH, MI 48808	
TITLE	SECRETARY / TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRK M. CANTRELL	
STREET ADDRESS	250 EAST TOWN ST.	
CITY-ST-ZIP	COLUMBUS, OH 43215	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/03

614-222-5414

Date

Daytime Phone #

CR2E034 (10/02)