

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F01000006566

FILED
Jul 27, 2005
Secretary of State

Entity Name: FIRST CONSUMER CREDIT, INC.

Current Principal Place of Business:

12740 HILLCREST ROAD, SUITE 240
DALLAS, TX 75230

New Principal Place of Business:

405 STATE HIGHWAY, 121 BYPASS
SUITE 250
LEWISVILLE,, TX 75067

Current Mailing Address:

12740 HILLCREST ROAD, SUITE 240
DALLAS, TX 75230

New Mailing Address:

405 STATE HIGHWAY, 121 BYPASS
SUITE 250
LEWISVILLE, TX 75067

FEI Number: 76-0477903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 333242525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: BORSCHOW, JAMES D
Address: 12740 HILLCREST ROAD, SUITE 240
City-St-Zip: DALLAS, TX 75230

Title: ST () Delete
Name: DEFRONZO, ROBERT A
Address: 750 STATE HWY 121 BYPASS SUITE 170
City-St-Zip: LEWISVILLE, TX 75067

Title: V/D () Delete
Name: GROSS, MURRAY H
Address: 750 STATE HWY 121 BYPASS SUITE 170
City-St-Zip: LEWISVILLE, TX 75067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES D. BORSCHOW

PCD

07/27/2005

Electronic Signature of Signing Officer or Director

Date