

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001406

FILED  
Jan 29, 2008  
Secretary of State

Entity Name: NATIONAL CREDIT MANAGEMENT, INC.

## Current Principal Place of Business:

10845 OLIVE BLVD.  
SUITE 210  
ST. LOUIS, MO 63141

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 32900  
ST. LOUIS, MO 63132

## New Mailing Address:

FEI Number: 43-0963489

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: FAGIN, BERNARD  
Address: 10845 OLIVE BLVD., STE. 210  
City-St-Zip: ST. LOUIS, MO 63141

Title: V ( ) Delete  
Name: FAGIN, STEVEN  
Address: 10845 OLIVE BLVD., STE. 210  
City-St-Zip: ST. LOUIS, MO 63141

Title: V ( ) Delete  
Name: NEUMANN, ROSEMARIE  
Address: 10845 OLIVE BLVD., STE. 210  
City-St-Zip: ST. LOUIS, MO 63141

Title: V ( ) Delete  
Name: EARLEY, JAMES  
Address: 10845 OLIVE BLVD., STE. 210  
City-St-Zip: ST. LOUIS, MO 63141

Title: V ( ) Delete  
Name: ROBINSON, CONNIE  
Address: 10845 OLIVE BLVD., STE. 210  
City-St-Zip: ST. LOUIS, MO 63141

Title: V (X) Delete  
Name: REDDICK, KAREN  
Address: 10845 OLIVE BLVD., STE. 210  
City-St-Zip: ST. LOUIS, MO 63141

## 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:

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

Title: V (X) Change ( ) Addition  
Name: REDDICK, KAREN  
Address: 10845 OLIVE BLVD., STE. 210  
City-St-Zip: ST. LOUIS, MO 63141

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BERNARD FAGIN

P

01/29/2008

Electronic Signature of Signing Officer or Director

Date