

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001578

FILED
Feb 07, 2004
Secretary of State

Entity Name: CREDIT DATA INTEGRATION, INC.

Current Principal Place of Business:

304 PARK AVE SOUTH
11TH FLOOR
NEW YORK, NY 10010

New Principal Place of Business:

Current Mailing Address:

304 PARK AVE SOUTH
11T FLOOR
NEW YORK, NY 10010

New Mailing Address:

304 PARK AVE SOUTH
11TH FLOOR
NEW YORK, NY 10010

FEI Number: 26-0036500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALABY, SAM
14513 THORNFIELD
TAMPA, FL 33624 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: C () Delete
Name: SADIK-KHAN, ORHAN
Address: 304 PARK AVE SOUTH, 11TH FLOOR
City-St-Zip: NEW YORK, NY 10010

Title: PD () Delete
Name: HALABY, SAM
Address: 14513 THORNFIELD
City-St-Zip: TAMPA, FL 33624

Title: SD () Delete
Name: PALMORE, C. CRAIG
Address: 304 PARK AVE SOUTH, 11TH FLOOR
City-St-Zip: NEW YORK, NY 10010

Title: D () Delete
Name: MCKENNA, DENNIS
Address: 304 PARK AVE SOUTH, 11TH FLOOR
City-St-Zip: NEW YORK, NY 10010

Title: D () Delete
Name: ALLEN, WILLIAM
Address: 304 PARK AVE SOUTH, 11TH FLOOR
City-St-Zip: NEW YORK, NY 10010

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: () 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: C CRAIG PALMORE

MR

02/07/2004

Electronic Signature of Signing Officer or Director

Date