

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003047

FILED  
Apr 26, 2004  
Secretary of State

Entity Name: ALLIED CREDITOR SERVICE, INC.

## Current Principal Place of Business:

8 SUBURBAN PARK DRIVE  
BILLERICA, MA 01821

## New Principal Place of Business:

30 DOMINO DRIVE  
E  
CONCORD, MA 01742

## Current Mailing Address:

8 SUBURBAN PARK DRIVE  
BILLERICA, MA 01821

## New Mailing Address:

30 DOMINO DRIVE  
E  
CONCORD, MA 01742

FEI Number: 04-2401102

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
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: CP ( ) Delete  
Name: RICE, BRENT H  
Address: 8 SUBURBAN PARK DRIVE  
City-St-Zip: BILLERICA, MA 01821

Title: VCT ( ) Delete  
Name: SHEA, MICHAEL  
Address: 1661 LYNDON FARM COURT  
City-St-Zip: LOUISVILLE, KY 40223

Title: DS ( ) Delete  
Name: KENNEDY, ROBIN  
Address: 1661 LYNDON FARM COURT  
City-St-Zip: LOUISVILLE, KY 40223

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition  
Name: RICE, BRENT H  
Address: 30 DOMINO DRIVE, SUITE E  
City-St-Zip: CONCORD, MA 01742

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: BRENT RICE

PRES

04/26/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date