2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2006
Secretary of State

DOCUMENT# F03000003419

Entity Name: CREDIT-FACTS, INC.

Current Principal Place of Business:

650 SMITHFIELD STREET, SUITE 1850
PITTSBURGH, PA 15222

New Principal Place of Business:

Current Mailing Address:

650 SMITHFIELD STREET, SUITE 1850
PITTSBURGH, PA 15222

New Mailing Address:

FEI Number: 25-1478487 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STIVERS, H B
245 E. VIRGINIA STREET
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: H. B. STIVERS

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ERITZ, WILLIAM
Address: 650 SMITHFIELD STREET, SUITE 1850
City-St-Zip: PITTSBURGH, PA 15222

Title: S ( ) Delete
Name: PFIEL, ERIC
Address: 650 SMITHFIELD STREET, SUITE 1850
City-St-Zip: PITTSBURGH, PA 15222

Title: T ( ) Delete
Name: TAROSKY, STEVE
Address: 650 SMITHFIELD STREET, SUITE 1850
City-St-Zip: PITTSBURGH, PA 15222

Title: CD ( ) Delete
Name: MILLER, SANDRA
Address: 650 SMITHFIELD STREET, SUITE 1850
City-St-Zip: PITTSBURGH, PA 15222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: BLOOMQUIST, STEPHEN
Address: 650 SMITHFIELD STREET, SUITE 1850
City-St-Zip: PITTSBURGH, PA 15222

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 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: WILLIAM ERITZ P 10/06/2006

Electronic Signature of Signing Officer or Director Date