2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000004257

Name:

Address:

City-St-Zip:

ANDREWS, STEPHEN K

2028 FAHEY DRIVE

CARMEL, IN 46032

Entity Name: AMERICAN FINANCIAL CREDIT SERVICES, INCORPORATED

FILED Jul 14, 2005 Secretary of State

•				,			
Current Principal Place of Business:				New Principal Place of Business:			
9247 N. ME INDIANAPO		TREET, SUIT 3260	E 206				
Current Mailing Address:			New Mailing Address:				
9247 N. ME INDIANAPO		TREET, SUIT 3260	E 206				
FEI Number:	mber: 35-1917876 FEI Number Applied For()			FEI Number Not Ap	plicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name an	Name and Address of New Registered Agent:		
BUTLER, N 1770 BEN I SARASOTA	FRANKLIN	DRIVE #602					
The above in the State			s statement for the p	urpose of changing	its registe	red office or registered agent, or both,	
SIGNATUR	E: MELIN	IDA J. BUTLE	:R				
Electronic Signature of Registered Agent				nt		Date	
			, the corporation did not d Contribution ().	receive the prior not	ce.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P WILLIAMS, 14627 BEA CARMEL, II	CON BLVD.		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:		() Delete JUAN D HINGTON BLVD, bLIS, IN 46205		Title: Name: Address: City-St-Zip:		(X) Change()Addition S, NOEL EACON BLVD , IN 46032	
Title:	т	() Delete		Title	c	(X) Change () Addition	

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.

Name:

Address:

City-St-Zip:

ANDREWS, STEPHEN K

411 WESTCHESTER BLVD

NOBLESVILLE, IN 46062

SIGNATURE: KRIS WILLIAMS P 07/14/2005