

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2005 08:00 A
Secretary of State

DOCUMENT # F04000004758

1. Entity Name
BONDED CREDIT BUREAU INC.



Principal Place of Business
6906 PLAINFIELD ROAD
CINCINNATI, OH 45236

Mailing Address
6906 PLAINFIELD ROAD
CINCINNATI, OH 45236



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
31-0595525

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000214793
02/04/05-80027-002 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PC
WOOD, DONALD D JR.
723 SHADY HOLLOW LANE
MILFORD, OH 45150

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VVC
ELLISON, JAMES S
8559 SHENSTONE DR.
CINCINNATI, OH 45255

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TSD
WOOD, JULIANNE H
723 SHADY HOLLOW LANE
MILFORD, OH 45150

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James S. Ellison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 5, 2005

Date

513-985-5419

Daytime Phone #