

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004758

FILED
Mar 23, 2009
Secretary of State

Entity Name: BONDED CREDIT BUREAU INC.

Current Principal Place of Business:

7745 EAST KEMPER ROAD
CINCINNATI, OH 45249

New Principal Place of Business:

Current Mailing Address:

7745 EAST KEMPER ROAD
CINCINNATI, OH 45249

New Mailing Address:

FEI Number: 31-0595525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PC () Delete
Name: WOOD, DONALD D JR.
Address: 723 SHADY HOLLOW LANE
City-St-Zip: MILFORD, OH 45150

Title: VVC () Delete
Name: ELLISON, JAMES S
Address: 8559 SHENSTONE DR.
City-St-Zip: CINCINNATI, OH 45255

Title: TSD () Delete
Name: WOOD, JULIANNE H
Address: 723 SHADY HOLLOW LANE
City-St-Zip: MILFORD, OH 45150

Title: () Delete
Name:
Address:
City-St-Zip:

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: VVC () Change (X) Addition
Name: ALKIRE, MATTHEW M
Address: 11713 RETVIEW LANE
City-St-Zip: LOVELAND, OH 45140

I hereby certify that the information supplied with this filing does not qualify 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: JAMES S. ELLISON

VVC

03/23/2009

Electronic Signature of Signing Officer or Director

Date