2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001901

PICCIOCCA, PETER

ATLANTA, GA 30328

SIX CONCOURSE PARKWAY, S 2920

Name:

Address:

City-St-Zip:

Entity Name: CREDIT CLEARING HOUSE, INC.

FILED Feb 19, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	CHESTER A AINS, NY 10				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
STE 2920	URSE PARK GA 30328	WAY			
FEI Number:	: 58-2466408	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
1200 SOU PLANTATI The above		AND ROAD 24 US	purpose of changing its registered	d office or registered agent, or both,	
	e of Florida.				
SIGNATUR		onic Signature of Registered Ag	uant	 Date	
Election Car		ng Trust Fund Contribution ().	Ont	Bate	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	MILLER, KUR	RSE PARKWAY, S 2920	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HARRISON, F	RSE PARKWAY, S 2920	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (CASEY, DENI 925 WESTCH WHITE PLAIN	ESTER AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	Р () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: KURT MILLER ST 02/19/2009