

F06000002169

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 APR -5 AM 8:29

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4-2



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 27, 2006

DAVID SANDS  
TWO WELLS AVE.  
NEWTON, MA 02459

SUBJECT: CREDIT CONTROL SERVICES, INC.  
Ref. Number: W06000014411

We have received your document for CREDIT CONTROL SERVICES, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$8,050.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis  
Document Specialist

Letter Number: 206A00020410

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Credit Control Services, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

David Sands

(Name of Person)

Credit Control Services, Inc.

(Firm/Company)

Two Wells Avenue

(Address)

Newton, MA 02459

(City/State and Zip code)

For further information concerning this matter, please call:

David Sands

(Name of Person)

at ( 617 ) 965-2000

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. **Credit Control Services, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Delaware**

(State or country under the law of which it is incorporated)

3. **04-2481098**

(FEI number, if applicable)

4. **March, 1969**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **January 25, 1999**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **Two Wells Avenue, Newton, MA 02459**

(Principal office address)

**Two Wells Avenue, Newton, MA 02459**

(Current mailing address)

8. **Collection Agency**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **CT Corp System**

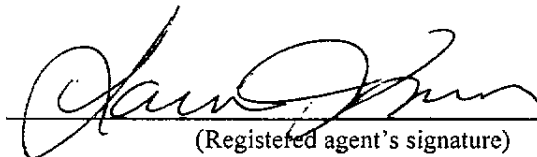
Office Address: **1200 South Pine Island Road**

**Plantation**, Florida **33324**  
(City) (Zip code)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

LAUFEN H. KREATZ,  
SPECIAL ASSISTANT SECRETARY

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Gerald Sands

Address: Two Wells Avenue, Newton, MA 02459

Vice Chairman: N/A

Address: \_\_\_\_\_

Director: Steven Sands

Address: Two Wells Avenue, Newton, MA 02459

Director: David Sands

Address: Two Wells Avenue, Newton, MA 02459

**B. OFFICERS**

President: Steven Sands

Address: Two Wells Avenue, Newton, MA 02459

Vice President: David Sands

Address: Two Wells Avenue, Newton, MA 02459

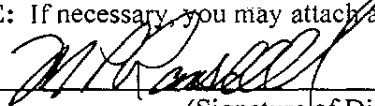
Secretary: Mark Ramsdell

Address: Two Wells Avenue, Newton, MA 02459

Treasurer: David Sands

Address: Two Wells Avenue, Newton, MA 02459

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. Mark Ramsdell, Secretary  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

# Delaware

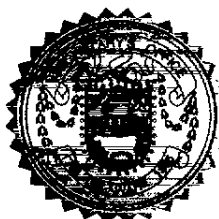
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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CREDIT CONTROL SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF MARCH, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 4575071

060226116

DATE: 03-08-06