

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003809

FILED
Jan 03, 2007
Secretary of State

Entity Name: CARTGAGE COLLEGE CORPORATION

Current Principal Place of Business:

2001 ALFORD PARK DR.
KENOSHA, WI 53140

New Principal Place of Business:

Current Mailing Address:

2001 ALFORD PARK DR.
KENOSHA, WI 53140

New Mailing Address:

FEI Number: 37-0661496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR.
#4
WESTON, FL 33331 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAMPBELL, F. GREGORY
Address: 2001 ALFORD PARK DR.
City-St-Zip: KENOSHA, WI 53140

Title: S () Delete
Name: BARMAK, MARK
Address: 2001 ALFORD PARK DR.
City-St-Zip: KENOSHA, WI 53140

Title: T () Delete
Name: ABT, WILLIAM R
Address: 2001 ALFORD PARK DR.
City-St-Zip: KENOSHA, WI 53140

Title: VCHR () Delete
Name: CORNOG, ROBERT A 1ST
Address: 2001 ALFORD PARK DR.
City-St-Zip: KENOSHA, WI 53140

Title: VCHR () Delete
Name: RUUD, SUSAN B 2ND
Address: 2001 ALFORD PARK DR.
City-St-Zip: KENOSHA, WI 53140

Title: S () Delete
Name: BISHOP, MARY
Address: 2001 ALFORD PARK DR.
City-St-Zip: KENOSHA, WI 53140

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R. ABT

T

01/03/2007

Electronic Signature of Signing Officer or Director

Date