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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					





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COVER LETTER

10:	Division of Corporations
CHIDI	ECT: Credit Bureau of Greater Greensboro, Inc.
SUBJ	Name of Corporation – must include suffix
Dear S	ir or Madam:
Affairs	closed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to the above referenced not for profit corporation to conduct its affairs in Florida.
Please	return all correspondence concerning this matter to the following:
	Anthony Robertson
	Name of Person
	Credit Bureau of Greater Greensboro, Inc.
	Firm/Company
	225 Commerce Place
	Address
	Greensboro, North Carolina 27401
	City/State and Zip Code
	akashuba@firstpointresources.com
	E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
Antho	ny Robertson 336 378-6300 at ()
	Name of Person Area Code Daytime Telephone Number
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Please	ed is a check for the following amount: nake check payable to: FLORIDA DEPARTMENT OF STATE .00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

(If name unava	illable in Florida, enter alterna	ite corporate name adopted for the purpose of transacting	business ii	n Florid	la)
North Carolin	a	3 56-0245320			
(State or cour	ntry under the law of which it	is incorporated) 3. 56-0245320 (FEI number, if applical	ble)		
11-25-1949		5		<u>,</u>	
([Pate of Incorporation)	5. (Date of duration, if other the	an perpetu	ial)	
(I) - 6 · · · · · · · · · · · · · · · · · ·	1 - 176 2 - 121 - 171 - 172 - 1 - 1	to registration. See sections 617.1501 & 617.1502, F.S. to di			l.:U iss
			etermine po	тану не	аошъ.
225 Commerce	Place Greensboro, NC 27401				
		(Principal office street address)			
O Box 26140	Greensboro, NC 27402				
		(Current mailing address, if different)			
Business Servi	ces	ie state or country to be carried out in the state of Florida)	-4-0	~	
Purpose(s) of	corporation authorized in hom	ie state or country to be carried out in the state of Florida)	-⊣m	h2(
Name and str	eet address of Florida regis	tered agent: (P.O. Box NOT acceptable)	원이 -14	#6일 	j
	_			;	
Mamai	CT Corporation System				
ivame:	1200 South Pine Island Road	, Florida 33324 (Zip Code)	• • • •	===	ъ- ,
ivame: fice Address:	1200 Doddi i ine isiana itoaa		— ·		
ice Address:	Plantation	Elevide 33324	ંન	ਜ਼ ਹ	4,

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTOR	G. Mark Prince		Anthony C. Robertson						
□ Chairman	Name:	□Chairman	Name: 225 Commerce Place						
□Vice Chairman	Address:	□Vice Chairman	Address:						
□Director		□Director	Greensboro, NC 27401						
President		□President							
□Vice President		■Vice President							
□Secretary	Treasurer	■ Secretary	□Treasurcr						
□Other:	Other:	□Other:	☐Other:						
□ Chairman	Name:	□Chairman	Name:						
□Vice Chairman	Address:	□Vice Chairman	Address:						
□Director	<u>. </u>	□Director							
□President		□President							
□Vice President		□Vice President							
Secretary	□Treasurer	□Secretary	□Treasurer						
Other:	☐ Other:	□Other:	Other:						
□ Chairman	Name:	□Chairman	Name:						
□ Vice Chairman	Address:	□Vice Chairman	Address:						
□Director		Director							
□President		□President							
□Vice President		□Vice President							
□Secretary	□Treasurer	□Secretary	☐Treasurer						
□Other:	Other:	Other:	Other:						
NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Anthony C. Robertson; Secretary									
(Typed or printed name and capacity of person signing application)									



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

CREDIT BUREAU OF GREATER GREENSBORO, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 25th day of November, 1949, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 1st day of April, 2024.

6 laine I. Marshall

Secretary of State

Certification# 119358019-1 Reference# 21152049- Page: 1 of 1 Verify this certificate online at https://www.sosnc.gov/verification