

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # F93000001760**1. Entity Name
GANIS CREDIT CORPORATION

Principal Place of Business	Mailing Address
600 ANTON BLVD. 20 FLOOR COSTA MESA CA 92626	600 ANTON BLVD. 20 FLOOR COSTA MESA CA 92626

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-3737685

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**VARONA ANTHONY M**
17737 U.S. HWY. 19 NORTH
SUITE #570
CLEARWATER
33674
US**FL****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/25/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete
NAME	ARIENTI EDWARD J	
STREET ADDRESS	600 ANTON BLVD 20 FLOOR	
CITY-ST-ZIP	COSTA MESA CA 92626	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	GOLDMAN RICHARD C	
STREET ADDRESS	655 MARYVILLE CENTRE DRIVE	
CITY-ST-ZIP	SAINT LOUIS MO 63141	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	SCHUMACHER RICHARD H	
STREET ADDRESS	655 MARYVILLE CENTRE DRIVE	
CITY-ST-ZIP	SAINT LOUIS MO 63141	
TITLE	A	<input checked="" type="checkbox"/> Delete
NAME	KLIGER GARTH M	
STREET ADDRESS	660 NEWPORT CENTER DRIVE	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	LANNON PETER K	
STREET ADDRESS	600 ANTON BLVD 20 FLOOR	
CITY-ST-ZIP	COSTA MESA CA 92626	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAISCH DONALD AV	
STREET ADDRESS	600 ANTON BLVD. 20TH FLOOR	
CITY-ST-ZIP	COSTA MESA CA 92626	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARIENTI EDWARD JPD	
STREET ADDRESS	600 ANTON BLVD. 20TH FLOOR	
CITY-ST-ZIP	COSTA MESA CA 92626	
TITLE	VDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN RICHARD CVDS	
STREET ADDRESS	655 MARYVILLE CENTRE DRIVE	
CITY-ST-ZIP	SAINT LOUIS MO 63141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANNON PETER K	
STREET ADDRESS	600 ANTON BLVD 20 FLOOR	
CITY-ST-ZIP	COSTA MESA CA 92626	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD A. HAISCH

V

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)