

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000005647 (1)**

1. Corporation Name
TEAM CREDIT SERVICES, INC.



Principal Place of Business: **30270 RANCHO VIEJO RD. STE E SAN JUAN CAPISTRANO CA 92675**
Mailing Address: **30270 RANCHO VIEJO RD. STE E SAN JUAN CAPISTRANO CA 92675**

3. Date Incorporated or Qualified: **11/20/1995**
3a. Date of Last Report: **11/20/1995**
4. FEI Number: **33-0640519**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. State, Apt. #, etc.: **30270 Rancho Viejo Rd. Ste E**
22. City & State: **Rancho Viejo Rd. Ste E**
23. Zip: **92675**
24. Country: **USA**
2a. Mailing Address
25. State, Apt. #, etc.: **30270 Rancho Viejo Rd. Ste E**
26. City & State: **Rancho Viejo Rd. Ste E**
27. Zip: **92675**
28. Country: **USA**

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**
81 Name: **C T CORPORATION SYSTEM**
82 Street Address (P.O. Box Number is Not Acceptable): **1200 SOUTH PINE ISLAND ROAD**
83 **PLANTATION**
84 City: **PLANTATION**
85 Zip Code: **FL 33324**

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature of Registered Agent: _____ Date: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|---|
| 11.1 NAME: PC | <input type="checkbox"/> DELETE | 11.1 TITLE: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11.2 NAME: WENZ, SHERI | | 11.2 NAME: _____ | |
| 11.3 STREET ADDRESS: 30270 RANCHO VIEJO RD. STE E | | 11.3 STREET ADDRESS: _____ | |
| 11.4 CITY-STATE-ZIP: SAN JUAN CAPISTRANO CA 92675 | | 11.4 CITY-STATE-ZIP: _____ | |
| 11.5 TITLE: DV | <input type="checkbox"/> DELETE | 11.5 TITLE: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11.6 NAME: KNAPP, BRADLEY D. | | 11.6 NAME: _____ | |
| 11.7 STREET ADDRESS: 30270 RANCHO VIEJO RD. STE E | | 11.7 STREET ADDRESS: _____ | |
| 11.8 CITY-STATE-ZIP: SAN JUAN CAPISTRANO CA 92675 | | 11.8 CITY-STATE-ZIP: _____ | |
| 11.9 TITLE: SV | <input type="checkbox"/> DELETE | 11.9 TITLE: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11.10 NAME: ASTLES, PAUL W | | 11.10 NAME: _____ | |
| 11.11 STREET ADDRESS: 30270 RANCHO VIEJO RD. STE E | | 11.11 STREET ADDRESS: _____ | |
| 11.12 CITY-STATE-ZIP: SAN JUAN CAPISTRANO CA 92675 | | 11.12 CITY-STATE-ZIP: _____ | |
| 11.13 TITLE: V | <input type="checkbox"/> DELETE | 11.13 TITLE: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11.14 NAME: MERKLE, DANIEL | | 11.14 NAME: _____ | |
| 11.15 STREET ADDRESS: 30270 RANCHO VIEJO RD. STE E | | 11.15 STREET ADDRESS: _____ | |
| 11.16 CITY-STATE-ZIP: SAN JUAN CAPISTRANO CA 92675 | | 11.16 CITY-STATE-ZIP: _____ | |
| 11.17 TITLE: VC | <input type="checkbox"/> DELETE | 11.17 TITLE: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11.18 NAME: OSTERLANO, GERRY | | 11.18 NAME: _____ | |
| 11.19 STREET ADDRESS: JONES-DAY; 555 W. FIFTH ST. STE. 4600 | | 11.19 STREET ADDRESS: _____ | |
| 11.20 CITY-STATE-ZIP: LOS ANGELES CA 90013-1025 | | 11.20 CITY-STATE-ZIP: _____ | |
| 11.21 TITLE: D | <input type="checkbox"/> DELETE | 11.21 TITLE: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11.22 NAME: BAUMOEL, JUNE | | 11.22 NAME: _____ | |
| 11.23 STREET ADDRESS: 4250 WILSHIRE BLVD., SUITE 205 | | 11.23 STREET ADDRESS: _____ | |
| 11.24 CITY-STATE-ZIP: LOS ANGELES CA 90010 | | 11.24 CITY-STATE-ZIP: _____ | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 trustee or receiver or trustee appointed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 unchanged, or on a new addition with an address.

SIGNATURE: *[Signature]* **1/16/96** **714-443-3525**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ DATE: _____ PHONE: _____

CR2E034 (12/95)