

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000001906 (4)**

1. Corporation Name

PREFERRED CONSUMER CREDIT CORPORATION

Principal Place of Business

**3347 MICHELSON DR.
400
IRVINE CA 92715
US**

Mailing Address

**3347 MICHELSON DR.
400
IRVINE CA 92715
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1996

4. FEI Number

33-0506860

Applied For

Not Applicable

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0592 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

(please ignore, signed in wrong place)

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, TODD A	
STREET ADDRESS	3347 MICHELSON DR., STE. 400	
CITY-ST-ZIP	IRVINE CA	

TITLE	PS	<input checked="" type="checkbox"/> DELETE
NAME	VILLAUME, WALTER F	
STREET ADDRESS	3347 MICHELSON DR., STE. 400	
CITY-ST-ZIP	IRVINE CA	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EUGENE A. DEPALMA	
1.3 STREET ADDRESS	3347 MICHELSON DR. SUITE 400	
1.4 CITY-ST-ZIP	IRVINE, CA 92612	

2.1 TITLE	D, ASST. SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHN K. ELLINBOE	
2.3 STREET ADDRESS	7803 GLENROY ROAD SUITE 300	
2.4 CITY-ST-ZIP	BLOOMINGTON, MN 55438	

3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JAMES McGUIRE	
3.3 STREET ADDRESS	3347 MICHELSON DR. SUITE 400	
3.4 CITY-ST-ZIP	IRVINE, CA 92612	

4.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NASSER J. KAZEMINY	
4.3 STREET ADDRESS	7803 GLENROY ROAD SUITE 300	
4.4 CITY-ST-ZIP	BLOOMINGTON, MN 55438	

5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	NADER KAZEMINY	
5.3 STREET ADDRESS	7803 GLENROY ROAD SUITE 300	
5.4 CITY-ST-ZIP	BLOOMINGTON, MN 55438	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **Eugene A. DePalma, President & C.E.O.**

CP2E034 (10/97)