


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90323 047 \*\*\*158.75

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>DOCUMENT # F97000000094</b><br>1. Entity Name<br><b>CREDIT PLUS SOLUTIONS GROUP, INC.</b>  |  |   |  |                                     |  |
| Principal Place of Business<br><b>2491 PAXTON STREET<br/>HARRISBURG, PA 17106-7102</b>  |  |   | Mailing Address<br><b>P.O. BOX 67533<br/>HARRISBURG, PA 17106-7533</b>   |  |  |
| 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<br><b>23-0675180</b>   |  |
| 5. Certificate of Status Desired  |  |   |  | <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br><input type="checkbox"/> Not Applicable |  |
| 6. Name and Address of Current Registered Agent   |  |   | 7. Name and Address of New Registered Agent  |  |  |
| <b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>  |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |
| 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. I am familiar with, and accept the obligations of registered agent.   |  |   |  |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P<br/>WOZNIEWICZ, ROBERT R<br/>501 BRENNEMAN DRIVE<br/>LEWISBERRY, PA 17339</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Wozniewicz, Robert R</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>C<br/>KEYS, DEBORAH B<br/>737 COUNTRY CLUD R<br/>CAMP HILL, PA 17011</b> <input type="checkbox"/> Delete        |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>ST<br/>ALFORD, BRIGID<br/>510 THIRD ST<br/>NEW CUMBERLAND, PA 17070</b> <input type="checkbox"/> Delete         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>BRENNER, MICHAEL<br/>1709 DEVONSHIRE RD<br/>DRESHER, PA. 19025</b> <input type="checkbox"/> Delete        |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>WAGNER, GREGORY<br/>HARNISH ST<br/>PALMYRA, PA 17078</b> <input type="checkbox"/> Delete                        |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>HALL, ROBERT J<br/>120 RODNEY LN<br/>CAMP HILL, PA 17011</b> <input type="checkbox"/> Delete              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |   |  |  |  |
| <b>SIGNATURE:</b> <u>Robert Wozniewicz</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   | 4/23/04<br><small>Date</small>   |  |  |
|   |  |   | 800-344-3125<br><small>Daytime Phone #</small>   |  |  |

*attachment*

Revised 12/10/2003

**BOARD MEMBER INFORMATION**

54046604

797000000094

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eciGroup

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**Gregory Wagner, Treasurer**

Pennsylvania Central Credit Union

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