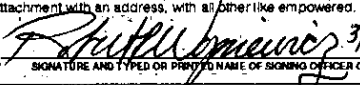


FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90155 046 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F97000000094			
1. Entity Name CREDIT PLUS SOLUTIONS GROUP, INC.			
Principal Place of Business 2491 PAXTON STREET HARRISBURG, PA 17106-7102		Mailing Address P.O. BOX 67533 HARRISBURG, PA 17106-7533	
2. Principal Place of Business 2491 Paxton Street Suite, Apt. #, etc.		3. Mailing Address PO Box 67533 Suite, Apt. #, etc.	
City & State Harrisburg PA		City & State Harrisburg PA	
Zip 17111	Country USA	Zip 17106-7533 Country USA	
4. FEI Number 23-0675180		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to: Florida Department of State		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, DAVID A 405 COLONIAL CLUB DR HARRISBURG, PA 17111 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Robert R. Wozniewicz 501 Brenneman Drive Lewisberry, PA 17339 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KEYS, DEBORAH B 737 COUNTRY CLUB R CAMP HILL, PA 17011 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALFORD, BRIGID 610 THIRD ST NEW CUMBERLAND, PA 17070 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENNER, MICHAEL 1709 DEVONSHIRE RD DRESHER, PA 19025 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, GREGORY HARNISH ST PALMYRA, PA 17078 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, ROBERT J 120 RODNEY LN CAMP HILL, PA 17011 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.			
SIGNATURE: 		Robert R. Wozniewicz (717) 236-8061	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Cayman Phone # _____	

90066255



☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)