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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

90066255

1. Entity Name
CREDIT PLUS SOLUTIONS GROUP, INC.

Principal Place of Business	Mailing Address
2491 PAXTON STREET HARRISBURG, PA 17106-7102	P.O. BOX 67533 HARRISBURG, PA 17106-7533

2. Principal Place of Business	3. Mailing Address
2491 Paxton Street	PO Box 67533
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Harrisburg PA	City & State: Harrisburg PA
Zip: 17111 Country: USA	Zip: 17106-7533 Country: USA

☒ CHECK HERE IF MAKING CHANGES

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

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 CLUD 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 510 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

CR2E034 (10/02)

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: R Robert Wozniewicz 3/26/03 Robert R. Wozniewicz (717) 236-8061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #