FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F97000004571

	2 UNIFORM BUSI		RT (UB	$\frac{\text{BR}}{\text{Mod N}}$ Jul 30, 2002 8:00 am		
1. Entity Na	JMENT # F97000 UCKLING CREDIT CORPORA	0004571 TION		Secretary of State 07-30-2002 90379 037 ***550.00		
Principal Place of Business 4020 E. INDIAN SCHOOL RD. PHOENIX AZ 85018		Mailing Address 4020 E. INDIAN SCHOOL RD. PHOENIX AZ 85018		* 1 46/166 1/40 167/1 1 8 1/1 6 1/1		
2. Principal	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 86-0677984 Applied For		
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM			Name	Name		
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Street Address (P.O. Box Number is Not Acceptable)			
			Cíty	FL Zip Code		
SIGNATURE 9. This corp Tax filing	mons of registered agent.	title if applicable. (NOTE:	Registered Agent signa FEE IS \$550 2002 Fee will t	be \$750.00 Total Election Campaign Financing \$5.00 May Be		
11.	OFFICERS AND DI	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EHLINGER, JON D 2525 E CAMELBACK RD STE 500 PHOENIX AZ 85016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ehlinger, Jon D. Addition		
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	T SULLIVAN, GREGORY B 2525 E CAMELBACK RD, STE 500 PHOENIX AZ 85016	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADORESS SITY-ST-ZIP	SULLIVAN, GREGORY B 2525 E CAMELBACK RD STE 500 PHOENIX AZ 85016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	POT Sulivan, Gregory B. Schange Addition 4020 E. Indian School Rd. Phaenix, AZ 85018		
ITLE IAME ITREET ADDRESS ITY-ST-ZIP	JP.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TLE AME		☐ Delete	TITLE	☐ Change ☐ Addition		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

602-852-6637