


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000006882
1. Entity Name
ASSOCIATED CREDITORS EXCHANGE, INC.



Principal Place of Business 3443 N. CENTRAL AVE. SUITE 1100 PHOENIX, AZ 85012	Mailing Address 3443 N. CENTRAL AVE. SUITE 1100 PHOENIX, AZ 85012
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01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-0634219	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD BERARDI, JOSEPH A 3443 NORTH CENTRAL AVE SUITE 1100 PHOENIX, AZ 85012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HIGGINS, MICHAEL G 3443 NORTH CENTRAL AVE SUITE 1100 PHOENIX, AZ 85012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERARDI, MATTHEW J 3443 NORTH CENTRAL AVE SUITE 1100 PHOENIX, AZ 85012
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01/15/04-80034-019 150.00

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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 fees empowered.

SIGNATURE: _____ **1/8/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #