

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 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**



02272008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**86-0634219**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**

**DO NOT WRITE  
IN THIS SPACE**

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 signature required when retesting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PCD
NAME	BERARDI, JOSEPH A
STREET ADDRESS	3443 NORTH CENTRAL AVE SUITE 1100
CITY-ST-ZIP	PHOENIX, AZ 85012
TITLE	ST
NAME	BERARDI, PATRICIA A
STREET ADDRESS	3443 NORTH CENTRAL AVE SUITE 1100
CITY-ST-ZIP	PHOENIX, AZ 85012
TITLE	VP
NAME	BERARDI, MATTHEW J
STREET ADDRESS	3443 NORTH CENTRAL AVE SUITE 1100
CITY-ST-ZIP	PHOENIX, AZ 85012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000849158  
03/21/08-80008-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/27/08**

**(602) 954-6554**

Date Daytime Phone #