

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006929

FILED
Apr 28, 2009
Secretary of State

Entity Name: NATIONAL CREDIT AUDIT CORPORATION

Current Principal Place of Business:

1000 ALDERMAN DR DROP 71-N
ALPHARETTA, GA 30005

New Principal Place of Business:

New Mailing Address:

2 NEWTON PLACE
SUITE 350
NEWTON, MA 02458

Current Mailing Address:

1000 ALDERMAN DR DROP 71-N
ALPHARETTA, GA 30005

FEI Number: 37-1206620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: TRINE, DAVID E
Address: 1000 AKLERMAN DRIVE
City-St-Zip: ALPHARETTA, GA 30005

Title: SVP () Delete
Name: WHEELER, SCOTT
Address: 1000 ALDERMAN DRIVE
City-St-Zip: ALPHARETTA, GA 30005

Title: D () Delete
Name: LEE, DAVID T
Address: 1000 ALDERMAN DRIVE
City-St-Zip: ALPHARETTA, GA 30005

Title: D () Delete
Name: CURLING, DOUGLAS C
Address: 1000 ALDERMAN DR
City-St-Zip: ALPHARETTA, GA 30005

Title: P (X) Delete
Name: HUDSON, SCOTT A
Address: 1000 ALDERMAN DR
City-St-Zip: ALPHARETTA, GA 30005

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: PECK, JAMES M
Address: 6601 PARK OF COMMERCE BLVD.
City-St-Zip: BOCA RATON, FL 30487

Title: VP (X) Change () Addition
Name: INIGUEZ, RUBI L
Address: 2 NEWTON PLACE - SUITE 350
City-St-Zip: NEWTON, MA 02458

Title: T (X) Change () Addition
Name: FOGARTY, KENNETH E
Address: 2 NEWTON PLACE - SUITE 350
City-St-Zip: NEWTON, MA 02458

Title: S (X) Change () Addition
Name: THOMPSON, II, KENNETH R
Address: 9443 SPRINGBORO PIKE
City-St-Zip: MIAMISBURG, OH 45342

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBI L. INIGUEZ

VP

04/28/2009

Electronic Signature of Signing Officer or Director

Date