

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

91091

FILED

Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000000040 1. Entity Name LINCOLN ONE CREDIT, INC.					
Principal Place of Business 1505 FEDERAL ST. DALLAS TX 75201			Mailing Address P.O. BOX 1920 DALLAS TX 75221		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 75-2747871	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
10. OFFICERS AND DIRECTORS					
TITLE	DCOB	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POGUE, MACK		NAME		
STREET ADDRESS	1505 FEDERAL ST.		STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75201		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BYRNE, TIMOTHY		NAME		
STREET ADDRESS	1505 FEDERAL ST.		STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75201		CITY-ST-ZIP		
TITLE	VST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, NANCY A		NAME		
STREET ADDRESS	1505 FEDERAL ST.		STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75201		CITY-ST-ZIP		
TITLE	VAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACKS, DAN		NAME		
STREET ADDRESS	1505 FEDERAL ST.		STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75201		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EVERETT, LEIGH ANN		NAME		
STREET ADDRESS	1505 FEDERAL ST.		STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75201		CITY-ST-ZIP		
TITLE	VPAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STREIT, DENNIS		NAME		
STREET ADDRESS	500 NORTH AKAND SUITE 3400		STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75201		CITY-ST-ZIP		



1st MOORE CR2E034 (10/05)

4. FEI Number **75-2747871** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	DCOB	<input type="checkbox"/> Delete
NAME	POGUE, MACK	
STREET ADDRESS	1505 FEDERAL ST.	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BYRNE, TIMOTHY	
STREET ADDRESS	1505 FEDERAL ST.	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	VST	<input type="checkbox"/> Delete
NAME	DAVIS, NANCY A	
STREET ADDRESS	1505 FEDERAL ST.	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	JACKS, DAN	
STREET ADDRESS	1505 FEDERAL ST.	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	AS	<input type="checkbox"/> Delete
NAME	EVERETT, LEIGH ANN	
STREET ADDRESS	1505 FEDERAL ST.	
CITY-ST-ZIP	DALLAS TX 75201	
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CITY-ST-ZIP			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Dennis Streil
Vice President-
Assistant Secretary **4-24-06** **214-740-4440**

Date

Daytime Phone #