

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2003 8:00 am**  
**Secretary of State**

03-04-2003 90070 032 \*\*\*150.00

**DOCUMENT # F98000000810**

1. Entity Name

**TOWN & COUNTRY CREDIT CORPORATION**



Principal Place of Business

**505 CITY PARKWAY WEST  
SUITE 700  
ORANGE CA 92868**

Mailing Address

**505 CITY PARKWAY WEST  
SUITE 700  
ORANGE CA 92868**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**33-0749128**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NATIONAL REGISTERED AGENTS, INC.  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 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	PD	<input type="checkbox"/> Delete
NAME	WALSH, JEFFREY A	
STREET ADDRESS	2600 MICHELSON DR STE 300	
CITY-ST-ZIP	IRVINE CA 92612	
TITLE	S	<input type="checkbox"/> Delete
NAME	GINSBERG, GEORGE S	
STREET ADDRESS	1100 TOWN & COUNTRY RD., 11TH FLOOR	
CITY-ST-ZIP	ORANGE CA 92868	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANGS, KIRK	
STREET ADDRESS	2600 MICHELSON DRIVE, STE. 300	
CITY-ST-ZIP	IRVINE CA 92612	
TITLE	V	<input type="checkbox"/> Delete
NAME	UPTON, DANIEL C	
STREET ADDRESS	2600 MICHELSON DR., STE 300	
CITY-ST-ZIP	IRVINE CA	
TITLE	VC	<input type="checkbox"/> Delete
NAME	BLACK, RONALD J	
STREET ADDRESS	2600 MICHELSON DR., STE 300	
CITY-ST-ZIP	IRVINE CA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSENBERG, MITCHELL M	
STREET ADDRESS	2600 MICHELSON DRIVE, STE. 300	
CITY-ST-ZIP	IRVINE CA 92612	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Upton, Daniel C	
STREET ADDRESS	505 City Parkway West, Suite 700	
CITY-ST-ZIP	Orange, CA 92868	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Langs, Kirk	
STREET ADDRESS	505 City Parkway West, Suite 700	
CITY-ST-ZIP	Orange, CA 92868	
TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walsh, Jeffrey A	
STREET ADDRESS	505 City Parkway West, Suite 700	
CITY-ST-ZIP	Orange, CA 92868	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grazer, John P	
STREET ADDRESS	505 City Parkway West, Suite 700	
CITY-ST-ZIP	Orange, CA 92868	
TITLE	VP/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Black, Ronald J	
STREET ADDRESS	505 City Parkway West, Suite 700	
CITY-ST-ZIP	Orange, CA 92868	

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 like empowered.

SIGNATURE:

**SIGNATURE REQUIRED** Upton, President

714.244.1020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)