

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90059 035 \*\*\*150.00

**DOCUMENT # F98000001847**

1. Entity Name

**THE CREDIT STORE, INC.**

Principal Place of Business

Mailing Address

**3401 N. LOUISE AVE.  
SIOUX FALLS SD 57107**

**P.O. BOX 5217  
SIOUX FALLS SD 57117-5217**

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

**87-0296990**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PLANTATION ROAD  
PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOTCHMAN, JAY L</b> <b>565 TAXTER RD., 3RD FL.</b> <b>ELMSFORD NY 10523</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COBD</b> <b>BURKE, MARTIN J CEO</b> <b>3401 N. LOUISE AVE.</b> <b>SIOUX FALLS SD 57107</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RIORDAN, KEVIN T</b> <b>3401 N. LOUISE AVE.</b> <b>SIOUX FALLS SD 57107</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ANGEL, RICHARD S</b> <b>3401 N. LOUISE AVE.</b> <b>SIOUX FALLS SD 57107</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFOT</b> <b>PHILIPPE, MICHAEL J</b> <b>3401 N. LOUISE AVE.</b> <b>SIOUX FALLS SD 57107</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HASSOUN, CYNTHIA D</b> <b>3401 N. LOUISE AVE.</b> <b>SIOUX FALLS SD 57107</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>J. Richard Budd, III</b> <b>58 Piping Rock Rd.</b> <b>Locust Valley, NY 11560</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Barry E. Breeman</b> <b>16 State School Road</b> <b>Warwick, NY 10990</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Geoffrey A. Thompson</b> <b>500 5th Ave, #5110, New York, NY 10110</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary</b> <b>Wayne L. Fanebust</b> <b>3401 N. Louise Avenue</b> <b>Sioux Falls, SD 57107</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Senior Vice President</b> <b>William Buriak</b> <b>3401 N. Louise Avenue</b> <b>Sioux Falls, SD 57107</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Senior Vice President</b> <b>Michael Neher</b> <b>3401 N. Louise Avenue, Sioux Falls, SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 11 or Block 12 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

March 13, 2000

Date

(605)339-7515

Daytime Phone #

CR211 0.14 (9/98)

79800040184'1

Attachment  
00040862

**THE CREDIT STORE, INC.  
ATTACHMENT #12**

**Additional Officers**

Jonathan Pike

Senior Vice President

Business Address:

3401 N. Louise Avenue  
Sioux Falls, SD 57107

Patrick Steffl

Senior Vice President

Business Address:

3401 N. Louise Avenue  
Sioux Falls, SD 57107

Deb Griesse

Vice President

Business Address:

3401 N. Louise Avenue  
Sioux Falls, SD 57107

Jean Gerritsen

Vice President

Business Address:

3401 N. Louise Avenue  
Sioux Falls, SD 57107

Pat Lund

Vice President

Business Address:

3401 N. Louise Avenue  
Sioux Falls, SD 57107

Charles Schultz, Jr.

Vice President

Business Address:

3401 N. Louise Avenue  
Sioux Falls, SD 57107