

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90034 046 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F98000002403**

1. Corporation Name

**EXTERRA CREDIT RECOVERY, INC.**



Principal Place of Business

**365 LENNON LN STE 200  
WALNUT CREEK CA 94598**

Mailing Address

**365 LENNON LN STE 200  
WALNUT CREEK CA 94598**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/28/1998**

4. FEI Number

**94-3295418**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

23. City & State

**23** Zip Country

**24** Zip **25** Country

27. City & State

**27** Zip Country

**28** Zip **29** Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SVP** ☐ DELETE

NAME **BIGLIN, BRIAN**  
STREET ADDRESS **1466 INDIANHEAD CIRCLE**  
CITY-ST-ZIP **CLAYTON CA 94517**

TITLE **SVP** ☐ DELETE

NAME **DANIELS, JEANNIE L**  
STREET ADDRESS **3201 GOUGH ST. #305**  
CITY-ST-ZIP **SAN FRANCISCO CA 94123**

TITLE **EVP** ☐ DELETE

NAME **EICHLER, MARK J**  
STREET ADDRESS **10936 NW ZERMATT CT.**  
CITY-ST-ZIP **PORTLAND OR 97229**

TITLE **EVP** ☐ DELETE

NAME **PRICE, BARBARA A**  
STREET ADDRESS **864 LAS TRAMPAS ROAD**  
CITY-ST-ZIP **LAFAYETTE CA 94549**

TITLE **EVPS** ☐ DELETE

NAME **RHOADES, SCOTT J**  
STREET ADDRESS **30 QUEENSBROOK PLACE**  
CITY-ST-ZIP **ORINDA CA 94548**

TITLE **PCEO** ☐ DELETE

NAME **SHEUERMAN, SUZANNE**  
STREET ADDRESS **607 BURTON DRIVE**  
CITY-ST-ZIP **LAFAYETTE CA 94549**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**8025 KELOK WAY  
CLAYTON CA 94517**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**20 Jade Circle  
Canfield OH 44406**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-22-99**

Date

**925-944-2621**

Daytime Phone #

CR25034 (11/98)

237919-90634-46  
F98066602403

**ExTerra Credit Recovery, Inc.  
Officer Information**

Barbara A Price  
864 Las Trampas Rd  
Lafayette, CA 94549  
Executive Vice President & Chief Marketing Officer

Bruce White, Sr  
83 Wildcat Way  
Clayton, CA 94517  
Executive Vice President & Chief Operations Officer

Bruce S. Adams  
3709 Langley Oaks Place  
Marietta, GA 30067  
Executive Vice President and Chief Financial Officer

Ann M. Snyder  
2107 Torrington Ct.  
Martinez, CA 94553  
Vice President, Operations

Renee T. Johnson  
221 Jeffrey Ranch Pl.  
Clayton, CA 94517  
Senior Vice President, Servicing & Secretary