

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002403

1. Entity Name

EXTERIA CREDIT RECOVERY, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90072 023 ***150.00

Principal Place of Business

Mailing Address

365 LENNON LN STE 200
WALNUT CREEK CA 94598

365 LENNON LN STE 200
WALNUT CREEK CA 94598-2418

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

94-3295418

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
1200 SOUTH PINE ISLAND 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	SVP	<input checked="" type="checkbox"/> Delete
NAME	BIGLIN, BRIAN	
STREET ADDRESS	8025 KEIOK WAY	
CITY-ST-ZIP	CLAYTON CA 94517	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	DANIELS, JEANNIE L	
STREET ADDRESS	3201 GOUGH ST. #305	
CITY-ST-ZIP	SAN FRANCISCO CA 94123	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	EICHLER, MARK J	
STREET ADDRESS	20 JADE CIR	
CITY-ST-ZIP	CANFIELD OH 44406	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	PRICE, BARBARA A	
STREET ADDRESS	864 LAS TRAMPAS ROAD	
CITY-ST-ZIP	LAFAYETTE CA 94549	
TITLE	EVPS	<input checked="" type="checkbox"/> Delete
NAME	RHOADES, SCOTT J	
STREET ADDRESS	30 QUEENSBROOK PLACE	
CITY-ST-ZIP	ORINDA CA 94549	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	SHEUERMAN, SUZANNE	
STREET ADDRESS	607 BURTON DRIVE	
CITY-ST-ZIP	LAFAYETTE CA 94549	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Renec T. Johnson	
STREET ADDRESS	221 Jeffry Ranch Pl.	
CITY-ST-ZIP	Clayton CA 94517	
TITLE	TV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gladys Lorn	
STREET ADDRESS	913 Pleasant Hill Rd	
CITY-ST-ZIP	Lafayette CA 94549	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ann M. Snyder	
STREET ADDRESS	2107 Terrington Ct	
CITY-ST-ZIP	Martinez CA 94553	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce White Sr	
STREET ADDRESS	83 Windcat Way	
CITY-ST-ZIP	Clayton CA 94517	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

Renec T. Johnson 4-6-00 925-944-2621

CR20014 (1/99)

#78000002403
640228

ExTerra Credit Recovery, Inc.
Director Information

Name & Address	Title
Donald C. Clark 1 South Wacker Dr Ste 1495 Chicago, IL 60606	Director and Chairman of the Board
H. William Jesse, Jr 451 Jackson St 3rd Floor San Francisco, CA 94108	Director
Laura S. Scher 701 Montgomery St 4th floor San Francisco, CA 94111	Director
Kewsong Lee 466 Lexington Avenue New York, NY 10017	Director
Robert Glanville 466 Lexington Avenue New York, NY 10017	Director