2001 UNIFORM BUSINESS REPO FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **F98000002403** EXTERRA CREDIT RECOVERY, INC. 04-26-2001 90321 040 ***150.00 Principal Place of Business Mailing Address 365 LENNON LN STE 200 365 LENNON LN STE 200 WALNUT CREEK CA 94598 WALNUT CREEK CA 94598 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 94-3295418 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Providera Bailes TITLE TIFLE JOHNSON, RENEE T NAME MAME 400 wordn wiget w 221 JEFFRY RANCY PL STREET AGDRESS STREET ADORESS Walnut Creek CA 94598 CITY - ST - ZIP **CLAYTON CA 94517** CHY-ST-ZIP Dennis Sholl TITLE Delete TITLE 🏲 ☐ Change LAM, GLADYS NAMS NAME 400 North wiget Ln STREET ADDRESS 973 PLEASANT HILL RD STREET ADDRESS walnut Creek CA 94598 CITY-ST-ZIE LAFAYETTE CA 94549 CITY-ST-ZiP Donald Clark TITLE ☐ Delete TITLE SNYDER, ANN M NAME NAME 15 auth Wacker Dr. Ste 1495 STREET ADORESS 2107 TORRINGTON CT STREET ADDRESS Chicago II 60606 CITY-ST-ZIE CITY-ST-ZIP MARTINEZ CA 94553 H. William Jesse Jr. TITLE Delete TITLE WHITE, BRUCE SR NAME NAME 451 Jackson SF 3rd Floor STREET ADDRESS STREET ADDRESS 83 WILDCAT WAY SonFrancisco, CA 94111 CITY-ST-ZIP CITY-ST-ZIP CLAYTON CA 94517 TETE F Delete TITLE Change Addition SHEUERMAN, SUZANNE NAME NAME STREET ADDRESS **607 BURTON DRIVE** STREET ADDRESS CITY-ST-ZIP LAFAYETTE CA 94549 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I horeby 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 supplienental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this legal 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.

CITY-ST-ZIP

SIGNATION

CHY- ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

. Dennis Shou

925 944 2600

Daytime Phone @