

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90012 048 ***150.00

DOCUMENT # F98000002403

1. Entity Name
EXTERRA CREDIT RECOVERY, INC.

Principal Place of Business **Mailing Address**
400 NORTH WIGET LN **400 NORTH WIGET LN**
WALNUT CREEK CA 94598 **WALNUT CREEK CA 94598**

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

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

7. Name and Address of New Registered Agent

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 _____ (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	BALES, BARBARA	
STREET ADDRESS	400 NORTH WIGET LN	
CITY-ST-ZIP	WALNUT CREEK CA 94598	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHOLL, DENNIS	
STREET ADDRESS	400 NORTH WIGET LN	
CITY-ST-ZIP	WALNUT CREEK CA 94598	
TITLE	C	<input type="checkbox"/> Delete
NAME	CLARK, DONALD	
STREET ADDRESS	1 SOUTH WACKER DR STE 1495	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	D	<input type="checkbox"/> Delete
NAME	JESSE, H. WILLIAM JR	
STREET ADDRESS	451 JACKSON ST 3RD FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Ann Snyder	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	vice president		
STREET ADDRESS	400 North Wiget Ln		
CITY-ST-ZIP	WALNUT CREEK CA 94598		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input 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: *ARNOLD S. REYNOLDS*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02 **925-944-2606**
Date Daytime Phone #

CR2E034 (9/01)