


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000006557					
1. Corporation Name GENUS CREDIT MANAGEMENT CORPORATION					
Principal Place of Business 10500 LITTLE PATUXENT PARKWAY, SUITE 750 COLUMBIA MD 21044			Mailing Address 10500 LITTLE PATUXENT PARKWAY, SUITE 750 COLUMBIA MD 21044		

FILED

99 FEB 16 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business 21 5950 SYMPHONY WOODS RD 22 600 23 COLUMBIA, MARYLAND 24 21044 25 USA		2a. Mailing Address 26 5950 SYMPHONY WOODS RD 27 600 28 COLUMBIA, MD 29 21044 30 USA		3. Date Incorporated or Qualified 12/02/1998	
4. FEI Number 52-1799746		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			
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 617.0502 and 617.1508, 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 617.0503, 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 NAME STREET ADDRESS CITY-ST-ZIP	PCEO JONES, DAVID C 4600 TEN OAKS ROAD DAYTON MD 21036 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV BARRETT, ROBERT J 7817 CEDRELLA DRIVE PASADENA MD 21122 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MONEY, ETTA W 8125 BRIGHTBRIDGE COURT ELICOTT CITY MD 21043 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS HARRIS, JAMES E 4987 THRESHFIELD COURT ELICOTT CITY MD 21403 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS CAYELLI, DANIEL M 9457 COPENHAVER DRIVE POTOMAC MD 20854 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS OVERTON, NORRIS W 7608 TIMBERY COURT MCLEAN VA 22102 <input type="checkbox"/> DELETE
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition EVPAUSD CHIEF OPERATING OFFICER BARRETT, ROBERT J 7817 CEDRELLA DRIVE PASADENA, MD 21122 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TS AND CHIEF FINANCIAL OFFICER MONEY, ETTA W. 8125 BRIGHTBRIDGE COURT ELICOTT CITY, MD 21403 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800002776818-15

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 617, 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 AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (11/98)



ACCOUNT NO. : 072100000032

REFERENCE : 135042 5048609

AUTHORIZATION : *Patricia Regal*

COST LIMIT : \$ 70.00

ORDER DATE : February 15, 1999

ORDER TIME : 9:05 AM

ORDER NO. : 135042-005

CUSTOMER NO: 5048609

CUSTOMER: Mr. Kevin M. Stewart
Genus Credit Management
5950 Symphony Woods Road
Suite 600
Columbia, MD 21044

ANNUAL REPORT FILING

NAME: GENUS CREDIT MANAGEMENT
CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: CASSANDRA LAMM

EXAMINER'S INITIALS: _____

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