2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

DOCUMENT # F9900000768 1. Entity Name THOR CREDIT CORPORATION						04-30-2004 90308 012 ***150.00				
Principal Place	e of Business	Mailing Address			_		54045858	}		
3355 MICHAELSON DRIVE Suite 350		3355 MICHAELSON DRIVE Suite 350								
IRVINE, CA 9	2612	IRVINE, CA 92612				IOME INIA BUIN NGALUTAL	PA MATRI MWITE AMERI IMMAN MITUR I	Naral II (ba)		
2. Principal Place of Business 3355 Micehlson Drivee		3. Mailing Address 3355 Micehlson Drive								
Suite, Apt. #, etc. Suite 350		Suite Apt # etc. Suite 350		04282004	Chg-P	CR2E034 (10/03)				
City & State Irvine, CA 92612		Irvine, CA 92612		4. FEI Numbe 33-0605		├ ──┼	oplied For ot Applicable			
Zip	Country	Zip	Country	у	5. Certificate	of Status Desired	□ \$8.75 Ad Fee Require			
	6. Name and Address of Current	Registered Agent	\		7. Name and	Address of New R	 			
MCLEOD	IAMES I		1	Name				/		
MCLEOD, JAMES J 2141 GILLIS COURT				Street Addres	ss (P.O. Box Numbe	r is Not Acceptable	9)			
MAITLAND), FL 32751									
			<u> </u>	City			FL Zip Coo	de		
	named entity submits this statement for	r the purpose of changing its	s registered	d office or regis	stered agent, or bott	n, in the State of Fig		, and accept		
the obligations of registered agent.										
SIGNATURE.	Signature, typed or printed name of registered agent	and little if applicable. (NOT	E: Registered	Agent signature requ	uired when reinstating)		OATE			
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campa Trust Fund Con			\$5.00 May Be					
10.	OFFICERS AND				-added to 1 des					
TITLE NAME		DIRECTORS	11.		<u> </u>	CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11		
STREET ADDRESS	SVP	DIRECTORS Delete	TITLE		<u> </u>	CHANGES TO OFF	FICERS AND DIRECTOR	RS IN 11		
	GANDOLFO, MARGARET A	☐ Delete	TITLE NAME	TADORESS	<u> </u>	CHANGES TO OFF				
CITY-ST-ZIP		☐ Delete	TITLE NAME	T ADORESS	<u> </u>	CHANGES TO OFF				
CITY-ST-ZIP TITLE	GANDOLFO, MARGARET A 600 ANTRON BLVD., SUITE 190 COSTA MESA, CA 92626 PRE	☐ Delete	TITLE NAME STREET CITY-S TITLE	T ADORESS ST-ZIP	<u> </u>	CHANGES TO OFF				
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 1	uep	4-29-04	/
SIGNATURE AND THEO OR PRINTED NAME OF SIGNING	OFFICER OR DIRECTOR	Date	Daytime Phone #