# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 26, 2006**
**Secretary of State**

DOCUMENT# F99000005496

**Entity Name:** CREDIT MANAGEMENT CONTROL, INC.

**Current Principal Place of Business:**

2707 RAPIDS DRIVE
RACINE, WI 53404

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1408
RACINE, WI 534011408

**New Mailing Address:**

**FEI Number: 39-1363876** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., STE. 4
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CT ( ) Delete
Name: ANZALONE, GARY
Address: 2707 RAPIDS DRIVE
City-St-Zip: RACINE, WI 53404

Title: S ( ) Delete
Name: ANZALONE, BARBARA
Address: 2707 RAPIDS DRIVE
City-St-Zip: RACINE, WI 53404

Title: D ( ) Delete
Name: ANZALONE, GARY
Address: 2707 RAPIDS DR
City-St-Zip: RACINE, WI 53406

Title: D ( ) Delete
Name: DOWLING, WILLIAM
Address: 255 FISERV DRIVE
City-St-Zip: BROOKFIELD, WI 53045

Title: PD ( ) Delete
Name: SOUTO, FRANK
Address: 2707 RAPIDS DRIVE
City-St-Zip: RACINE, WI 53404

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: ANZALONE, GARY
Address: 2707 RAPIDS DR
City-St-Zip: RACINE, WI 53404

Title: D (X) Change ( ) Addition
Name: DOWLING, WILLIAM
Address: P.O. BOX 473, MS 2600
City-St-Zip: MILWAUKEE, WI 53201

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY ANZALONE CT 01/26/2006

Electronic Signature of Signing Officer or Director Date