

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005496

FILED
May 07, 2007
Secretary of State

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 (X) Delete
Name: ANZALONE, GARY
Address: 2707 RAPIDS DR
City-St-Zip: RACINE, WI 53404

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD/T (X) Change () Addition
Name: BRICK, JAMES J
Address: 2707 RAPIDS DRIVE
City-St-Zip: RACINE, WI 53404

Title: VP/S (X) Change () Addition
Name: ELLINGSON, DAN
Address: 2707 RAPIDS DRIVE
City-St-Zip: RACINE, WI 53404

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JAMES J BRICK

PD

05/07/2007

Electronic Signature of Signing Officer or Director

Date