

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005496

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: CREDIT MANAGEMENT CONTROL, INC.

**Current Principal Place of Business:**

200 S. MONROE ST.  
GREEN BAY, WI 54305

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1654  
GREEN BAY, WI 54305

**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:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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: PD/T ( ) Delete  
Name: BRICK, JAMES J  
Address: 200 S MONROE  
City-St-Zip: GREEN BAY, WI 54305

Title: VP/S ( ) Delete  
Name: ELLINGSON, DAN  
Address: 200 S MONROE  
City-St-Zip: GREEN BAY, WI 54305

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

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 BRICK

PRES

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date