

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State
 02-26-2000 90083 005 ***150.00

DOCUMENT # F99000006457

1. Entity Name
CHICAGO TITLE CREDIT SERVICES, INC.

Principal Place of Business ULSTER AVENUE KINGSTON NY 12401	Mailing Address 918 ULSTER AVENUE KINGSTON NY 12401
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3847467	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME PCEO DALLAS, JOHN R JR. STREET ADDRESS 171 NORTH CLARK STREET, 32ND FLOOR CITY-ST-ZIP CHICAGO IL 60601			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME VD WILSON, JEFFREY A STREET ADDRESS 171 NORTH CLARK STREET, 32ND FLOOR CITY-ST-ZIP CHICAGO IL 60601			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME V FEIN, JAMES J STREET ADDRESS 171 NORTH CLARK STREET, 32ND FLOOR CITY-ST-ZIP CHICAGO IL 60601			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME V LOBDELL, TIMOTHY J STREET ADDRESS 171 NORTH CLARK STREET, 32ND FLOOR CITY-ST-ZIP CHICAGO IL 60601			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME V MURPHY, THERESA R STREET ADDRESS 171 NORTH CLARK STREET, 32ND FLOOR CITY-ST-ZIP CHICAGO IL 60601			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME V BURNHAM, KATHY M STREET ADDRESS 171 NORTH CLARK STREET, 32ND FLOOR CITY-ST-ZIP CHICAGO IL 60601			TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathie M. Burnham SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date _____ Daytime Phone # _____

CR2E034 (9/99)