FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:41

DOCUMENT # H09709 (7)

1. Corporation Name
CREDIT UNION SERVICES, INC.

Principal Place of Business	Mailing Address
11207 N. NEBRASKA AVE. TAMPA FL 33602	11207 N. NEBRASKA AVE. TAMPA FL 33602

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/26/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-2437650 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

8. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WENDELL A SEBASTIAN 711 S DALE MABRY TAMPA FL 33609	81 Name: Brian Crawford 82 Street Address (P.O. Box Number is Not Acceptable): 711 S. Dale Mabry 83 84 City: Tampa FL 85 Zip Code: 33609

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Brian Crawford BRIAN CRAWFORD 4/10/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	KLOSS, ROBERT S.	12 NAME	
STREET ADDRESS	16405 WEST COURSE DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	P ☑ Change ☐ Addition
NAME	SEBASTIAN, WENDELL A.	22 NAME	Brian Crawford
STREET ADDRESS	4210 DALE AVE.	23 STREET ADDRESS	15707 Pony Place
CITY-ST-ZIP	TAMPA FL 33609	24 CITY-ST-ZIP	Tampa, FL 33624
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	JAMES, FRANCIS	32 NAME	
STREET ADDRESS	1812 ALCORN RD.	33 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BEAUCHAMP, CHARLIE	42 NAME	
STREET ADDRESS	9826 MCINTOSH ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	DOVER FL 33527	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	THORNHILL, HARRISON L.	52 NAME	
STREET ADDRESS	3200 LUCERNE PARK ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BASS, ROSE MARIE	62 NAME	
STREET ADDRESS	15904 TREVOSE LANE	63 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Brian Crawford BRIAN CRAWFORD 4/10/95 (813) 871-2690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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