

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90281 005 ***550.00

DOCUMENT # L25935
 Entity Name
 CreditQuick Finance Company ✓

Principal Place of Business Mailing Address
 NC1-021-02-20 NC1-021-02-20
 401 N TRYON ST 401 N TRYON ST
 CHARLOTTE NC 28255 CHARLOTTE NC 28255

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

00055685

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2975659 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S PINE ISLAND RD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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, 2001 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

11. OFFICERS AND DIRECTORS
 TITLE PRESIDENT ☐ Delete
 NAME John E. Mack
 STREET ADDRESS NC1-021-02-20
 CITY-ST-ZIP 401 N TRYON ST
 CHARLOTTE NC 28255
 TITLE SVP ☐ Delete
 NAME Greg S. mroz
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE SECRETARY ☐ Delete
 NAME Mary Ann Lucas
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE TREASURER ☐ Delete
 NAME Gary S. Williams
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE DIRECTOR ☐ Delete
 NAME John E. Mack
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE DIRECTOR ☐ Delete
 NAME Gary S. Williams
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
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 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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: Greg S mroz GREG S. MROZ, SVP: 704-386-5591 4- -01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)