

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 16, 2004 8:00 am**  
**Secretary of State**

08-16-2004 90133 017 \*\*\*\*50.00

**DOCUMENT # M01000001386**

1. Entity Name  
**QUANTRIX CREDIT SERVICES LLC**



Principal Place of Business  
**200 OLD WILSON BRIDGE ROAD  
COLUMBUS, OH 43219**

Mailing Address  
**1 FIRST AMERICAN WAY  
SANTA ANA, CA 92707**

**44052083**



2. Principal Place of Business  
**1 First American Way**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

07222004 Chg-LLC CR2E083 (10/03)

City & State  
**Santa Ana, CA**  
Zip  
**92707**

City & State  
Country  
**USA**

4. FEI Number  
**94-3394769**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 8, 2004**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
HARRINGTON, GREGORY J  
3415 VISION DRIVE  
COLUMBUS, OH 43219** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WALCUTT, RICHARD B  
3415 VISION DRIVE  
COLUMBUS, OH 43219** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DEROY, CRAIG I  
1 FIRST AMERICA WAY  
SANTA ANA, CA 92707** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SEABOLT, STEPHANIE  
401 E. CORPORATE DRIVE, #100  
LEWISVILLE, TX 75057** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP  
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NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**8/6/04**

Date

Daytime Phone #