2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# M01000001386

Entity Name: QUANTRIX CREDIT SERVICES LLC

Current Principal Place of Business:

401 E. CORPORATE DRIVE
SUITE 212
LEWISVILLE, TX 75057

New Principal Place of Business:

Current Mailing Address:

1 FIRST AMERICAN WAY
SANTA ANA, CA 92707

New Mailing Address:

4 FIRST AMERICAN WAY
SANTA ANA, CA 92707

FEI Number: 94-3394769 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	WAWERSICH, THOMAS R	
Address:	1 FIRST AMERICA WAY	
City-St-Zip:	SANTA ANA, CA 92707	
Title:	MGR	( ) Delete
Name:	BOIS, MELVILLE	
Address:	7777 WASHINGTON AVE. SOUTH	
City-St-Zip:	EDINA, MN 55439	
Title:	MGR	( ) Delete
Name:	ARCHULETA, MARK	
Address:	7777 WASHINGTON AVE. SOUTH	
City-St-Zip:	EDINA, MN 55439	
Title:	MGR	( ) Delete
Name:	PHILIPSEK, CHUCK	
Address:	7777 WASHINGTON AVE. SOUTH	
City-St-Zip:	EDINA, MN 55439	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 is true and accurate and that my electronic 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: SUSAN VIVINO FA 02/18/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date