

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003913

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: PERSONAL CREDIT SOLUTIONS, LLC

## Current Principal Place of Business:

1230 EAGAN INDUSTRIAL ROAD, SUITE 120  
EAGAN, MN 55121

## New Principal Place of Business:

175 W LAFAYETTE ROAD  
3RD FLOOR  
ST PAUL, MN 55107

## Current Mailing Address:

1230 EAGAN INDUSTRIAL ROAD, SUITE 120  
EAGAN, MN 55121

## New Mailing Address:

175 W LAFAYETTE ROAD  
3RD FLOOR  
ST PAUL, MN 55107

FEI Number: 20-1311873

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: CVO ( ) Delete  
Name: HOUDEK, PAUL D  
Address: 1477 BRIDGEVIEW AVE.  
City-St-Zip: EAGAN, MN 55121

Title: VPOP ( ) Delete  
Name: CALHOUN, DANIEL R  
Address: 12955 RIVER ROAD  
City-St-Zip: NORTH BRANCH, MN 55056

## ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition  
Name: JONES, DEBORAH  
Address: 21417 SE 20TH STREET  
City-St-Zip: SAMMAMISH, WA 98075

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIEL R CALHOUN

VPOP

04/23/2007

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