APPROVED

00 MAY -3 PM 12: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	
DOCUMENT #	M9700000053

2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name

AMERICAN RETAIL CREDIT SERVICES, L.L.C.

Principal Place of Business

Mailing Address

148 NORTH UNIVERSITY DRIVE

NATIONAL PROCESSING CTR., C/O CHRISTINE

PEMBROKE PINES FL 33024

6251 CROOKED CREEK RD NORCROSS GA 30092-3107

2. Principal Place of Business Suite, Apt. #, etc.

City & State

Zip

3. Mailing Address

Suite, Apt. #, etc.

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0713889 Applied For Not Applicable

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324

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

City

Name

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.

SIGNATURE

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

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS 10.		10.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRENNINKMEYER, LOUIS 6251 CROOKED CREEK ROAD NORCROSS GA 30092	Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Brenninkmeyer, Johan 586 Argus Road Oakville, Ontario, Ca	anada	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRENNINKMEYER, ROLAND M 1114 AVE.OF THE AMRICAS NEW YORK NY 10036	Ocieto	TITLE NAME STREET ARORESS GITY-ST-ZIP		☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRENNINKMEYER, ROLAND H 105 WEST SUPERIOR STREET DULUTH MN 55802	Delets	TITLE NAME STREET ADDRESS CITY-ST-ZIP	60000327 -05/31/00- ******50.0	□ Champ 2526— -01086—01	-3 8 -80
TITLE RAME STREET ADDRESS CITY-ST-ZIP	MGR PAINTER, JAMES R 1850 COLONIAL VILLAGE LN LANCASTER PA 17601	Deleta	TITLE MAME STREET ADDRESS CITY-\$T-ZIP	MGR Nesbitt, Ronald G. 1114 Avenue of the Ar	Change	Adultion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delista	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE HABIE STREET AUDRESS GIT ST-ZIP		Delete	TITLE NAME STREET AUDRESS GITY- 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:

ANATES. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Nesbitt

4/27/00

(212) 704-5352

Daytime Phone #