2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90123 034 ****50.00

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1. Entity Name
GULF STATE CREDIT, LLC

Principal Place of Business	Mailing Address
2425 COMMERCE AVE., BLDG. 2100, STE. 100 DULUTH, GA 30096	2520 S. 170TH ST. P.O. BOX 510955 NEW BERLIN, WI 53151-0955

03292004 Chg-LLC CR2E083 (10/03)

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

4. FEI Number 36-4332209 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM OSI PORTFOLIOS SERVICES, INC. 2425 COMMERCE AVE., BLDG. 2100, STE. 100 DULUTH, GA 30096	☐ Delete	MGRM OSI Portfolio Services, Inc. 2425 Commerce Ave., Bldg 2100, Suite 100 Duluth, GA 30096	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FALIERO, BRYAN 2425 CAMEROE AVE. DULUTH, GA 30096	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRP SETT, ANURAG 2425 COMMEROE AVE. DULUTH, GA 30096	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRV SEELING, RICHARD N 2520 S. 170TH ST. P.O. BOX 510955 NEW BERLIN, WI 531510955	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRV WELLER, GARY L 390 SOUTH WOODS MILL RD., SUITE 350 CHESTERFIELD, MO 63017	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HOFFMAN, RICHARD C 390 SOUTH WOODS MILL RD., SUITE 350 CHESTERFIELD, MO 63017	☒ Delete		☐ 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: Richard N. Seeling 3-31-04 262-787-4132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Richard N. Seeling, Vice President/Secretary of Member