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

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

03292004 Chg-LLC CR2E083 (10/03)

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
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 May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	MGRM ☒ Change ☐ Addition
NAME	OSI PORTFOLIOS SERVICES, INC.	NAME	OSI Portfolio Services, Inc.
STREET ADDRESS	2425 COMMERCE AVE., BLDG. 2100, STE. 100	STREET ADDRESS	2425 Commerce Ave., Bldg 2100, Suite 100
CITY-ST-ZIP	DULUTH, GA 30096	CITY-ST-ZIP	Duluth, GA 30096
TITLE	MGR ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	FALIERO, BRYAN	NAME	
STREET ADDRESS	2425 CAMEROE AVE.	STREET ADDRESS	
CITY-ST-ZIP	DULUTH, GA 30096	CITY-ST-ZIP	
TITLE	MGRP ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	SETT, ANURAG	NAME	
STREET ADDRESS	2425 COMMEROE AVE.	STREET ADDRESS	
CITY-ST-ZIP	DULUTH, GA 30096	CITY-ST-ZIP	
TITLE	MGRV ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	SEELING, RICHARD N	NAME	
STREET ADDRESS	2520 S. 170TH ST. P.O. BOX 510955	STREET ADDRESS	
CITY-ST-ZIP	NEW BERLIN, WI 531510955	CITY-ST-ZIP	
TITLE	MGRV ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	WELLER, GARY L	NAME	
STREET ADDRESS	390 SOUTH WOODS MILL RD., SUITE 350	STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD, MO 63017	CITY-ST-ZIP	
TITLE	MGR ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, RICHARD C	NAME	
STREET ADDRESS	390 SOUTH WOODS MILL RD., SUITE 350	STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD, MO 63017	CITY-ST-ZIP	

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