

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005397

FILED
Apr 26, 2004
Secretary of State**Entity Name:** NATIONWIDE CONSUMER CREDIT SERVICES, INC.**Current Principal Place of Business:**5460 N STATE ROAD 7
SUITE 229
FT LAUDERDALE, FL 33319**New Principal Place of Business:****Current Mailing Address:**5460 N STATE ROAD 7
SUITE 229
FT LAUDERDALE, FL 33319**New Mailing Address:****FEI Number:** 31-1789647**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FORSTEIN, MARK
5460 N STATE ROAD 7
SUITE 229
FT LAUDERDALE, FL 33319 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

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: BORWICK, KEVIN
Address: 5460 N STATE ROAD 7
City-St-Zip: FT LAUDERDALE, FL 33319**Title:** D () Delete
Name: WHYRE, JEREMIAH
Address: 5460 N STATE ROAD 7
City-St-Zip: FT LAUDERDALE, FL 33319**Title:** D () Delete
Name: TOBIAS, MICHAEL
Address: 5460 N STATE ROAD 7
City-St-Zip: FT LAUDERDALE, FL 33319**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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 for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN BORWICK

PD

04/26/2004

Electronic Signature of Signing Officer or Director

Date