

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

FILED

04 MAY 21 PM 6:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05062004 Chg-NP CR2E037 (10/03)

DOCUMENT # N01000005397					
1. Entity Name NATIONWIDE CONSUMER CREDIT SERVICES, INC.					
Principal Place of Business 5460 N STATE ROAD 7 SUITE 229 FT LAUDERDALE, FL 33319			Mailing Address 5460 N STATE ROAD 7 SUITE 229 FT LAUDERDALE, FL 33319		
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 31-1789647	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FORSTEIN, MARK 5460 N STATE ROAD 7 SUITE 229 FT LAUDERDALE, FL 33319			Name KEVIN BORWICK		
			Street Address (P.O. Box Number is Not Acceptable) 5460 N State Rd. 7, Suite 229		
			City Ft. Lauderdale FL Zip Code 33319		
18. 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 05/12/04					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BORWICK, KEVIN		NAME		
STREET ADDRESS	5460 N STATE ROAD 7		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33319		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHYRE, JEREMIAH		NAME		
STREET ADDRESS	5460 N STATE ROAD 7		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33319		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOBIAS, MICHAEL		NAME		
STREET ADDRESS	5460 N STATE ROAD 7		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33319		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: DATE 05/12/04 954-714-8400					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					