2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000003269

City-St-Zip:

HOLLYWOOD, FL 33025

Entity Name: ANNEX CREDIT MANAGEMENT INCORPORATED

FILED Jun 17, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7226 W COLONIAL DR UNIT 255 ORLANDO, FL 32818 **Current Mailing Address: New Mailing Address:** 7226 W COLONIAL DR UNIT 255 ORLANDO, FL 32818 FEI Number: 59-3575223 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAWRENCE, JAMES 200 M HASTÍNGS ST ORLANDO, FL 32835 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LAWRENCE, JAMES Name: Name: 7404 WOODHILL PK #1317 Address: Address: City-St-Zip: ORLANDO, FL 32817 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: DAVIS, MARCIA Name: COLES, LALITHIA M Address: 14321 GOLDENVIEW Address: 5548 ARNOLD PALMER DR. #738 City-St-Zip: GRAND ISLAND, FL 34761 City-St-Zip: ORLANDO, FL 32811 Title: () Delete Title: () Change () Addition HANNA, BERTRAM Name: Name: 2424 NW 95 ST Address: Address: City-St-Zip: MIAMI, FL 33147 City-St-Zip: Title: () Delete Title: () Change () Addition PATTERSON, ETHEN Name: Name: 833 E CUTIS STREET Address: Address: City-St-Zip: LINDEN, NJ 07036 City-St-Zip: Title: Title: () Delete () Change () Addition BENNETT, YVETTE Name: Name: 3285 FOXCREST RD E112 Address: Address:

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.

City-St-Zip:

SIGNATURE: JAMES LAWRENCE PRES 06/17/2002