

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000113863

**FILED**  
**Oct 14, 2009**  
**Secretary of State**

**Entity Name:** ASCEND CREDIT SERVICES, INC.

**Current Principal Place of Business:**

648 SALETA ST  
PENSACOLA, FL 32534

**New Principal Place of Business:**

**Current Mailing Address:**

648 SALETA ST  
PENSACOLA, FL 32534

**New Mailing Address:**

**FEI Number:** 26-1413024

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURIE, EDMOND  
4400 BAYOU BLVD. SUITE 22A  
PENSACOLA, FL 32534 US

**Name and Address of New Registered Agent:**

BURIE, EDMOND  
648 SALETA ST  
PENSACOLA, FL 32534 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: EDMOND BURIE

10/14/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D/P ( ) Delete  
Name: BURIE, EDMOND  
Address: 648 SALETA ST  
City-St-Zip: PENSACOLA, FL 32534

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDMOND BURIE

D/P

10/14/2009

Electronic Signature of Signing Officer or Director

Date