

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90030 025 ***550.00

DOCUMENT # P11399

1. Entity Name
JLA CREDIT CORPORATION

Principal Place of Business 12677 ALCOSTA BLVD #430 SAN RAMON CA 94583 US	Mailing Address 12677 ALCOSTA BLVD #430 SAN RAMON CA 19380-4227 US
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2. Principal Place of Business 1255 Wrights Lane Suite, Apt. #, etc.	3. Mailing Address 1255 Wrights Lane Suite, Apt. #, etc.
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City & State West Chester, PA	City & State West Chester, PA
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Zip 19380	Country USA	Zip 19380	Country USA
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4. FEI Number 13-3295831	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing -- Trust-Fund Contribution. -- **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MITSUMASA SAKKA 970 W 190TH ST. TORRANCE CA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOJIMA, CHIAKI 35 N CHATSWORTH AVE #27 LARCHMONT NY <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OGIHARA, JUN 161 W 61ST STREET #18B NEW YORK NY <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO ALLAN HAUSKENS 12677 ALCOSTA BLVD #430 SAN RAMON CA 94583 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP STEVEN DIETSCH 12677 ALCOSTA BLVD #430 SAN RAMON CA 94583 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATSURO HAMADA 35 N CHATSWORTH AVE LARCHMONT NY 10583 <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Abraham Bernstein 1255 Wrights Lane West Chester, PA 19380 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Crit DeMent 1255 Wrights Lane West Chester, PA 19380 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary David H. English 1255 Wrights Lane West Chester, PA 19380 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Crit DeMent 1255 Wrights Lane West Chester, PA 19380 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Crit DeMent 1255 Wrights Lane West Chester, PA 19380 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Abraham Bernstein 1255 Wrights Lane West Chester, PA 19380 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David H. English **DAVID H. ENGLISH REQUIRED** David H. English, Asst. Secretary (610) 719-4510
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)