## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # P11399**

1. Entity Name  JLA CREDIT CORPORATION	
Principal Place of Business	Mailing Address
12677 ALCOSTA BLVD #430 San Ramon Ca 94583 US	12677 ALCOSTA BLVD #430 SAN RAMON CA 19380-4227 US
2. Principal Place of Business	3. Mailing Address
1255 Wrights Lane	1255 Wrights Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State West Chester, PA	City & State West Chester, PA
Zip Country	Zip Country

## Jun 05, 2000 8:00 am Secretary of State 06-05-2000 90030 025 \*\*\*550.00

JS		U	· · · .	-1						
2 Principal P	Place of Rusiness		3. Mailing Address							
2. Principal Place of Business 1255 Wrights Lane								Ulait Didii Ulail Afdii		
1233 WT: Suite, Apt.			1255 Wrights Suite, Apt. #, etc.	s Lane			DO NOT WRITE	IN THIS SPACE		
outo, Apt.	,, c.c		Gallot, rept. 11, oto.				BONO! IIIII			
City & Stat	e		City & State			4. 9	FEI Number 40 000E004		Applied For	
West Chester, PA			West Chester, PA				4. FEI Number 13-3295831 Applied P			
Zip Country			Zip Cour		гу	5 (	Certificate of Status Desired	<b>\$8.75</b>	Additional	
19380 _	į l	USA	19380		USA		Der timodie of Status Desired	Fee Req	uired	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
					Name					
UNITED STATES CORPORATION COMPANY					Street Address (P.O. Box Number is Not Acceptable)					
1201	HAYS STREET			- 1	Street Address (r.o. box Nathbell is Not Acceptable)					
SUITI	E 105									
TALL	AHASSEE FL 32301			-						
					City FL Zip Code					
8 The above	named entity submits th	is statement for th	e purpose of changing its	reaistere	d office or	registered ag	ent, or both, in the State of Floric	la.		
o. The above	married driving destrict to	o dialomoni romar	o parpood or arranging no						]	
<b>_</b>										
SIGNATURE.	Signature, typed or printed name	of registered agent and t	itle if applicable (NOTE	: Registered	Agent signatu	ire required when re	einstating)	DATE		
									<del></del> -	
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE					•		10. Election Campaign Finan	cing \$!	5.00 May Be	
_	requirement and elects to ria on back)	0 ao so.	After MAY 1, 20 Make Check Payab		٠,		Trust-Fund Contribution.	□ Ac	ded to Fees	
·			·		paranen		DITIONS IN LANGES TO GET O	FRO AND DIDECT	000 111 11	
11.		FFICERS AND DIF		12.		AL.	DITIONS/CHANGES TO OFFICE			
TITLE	P		🔀 Delete	TITLE		Preside	ent n Bernstein	X Chan	ge 🔲 Addition	
NAME	MITSUMASA SAKKA			NAME						
STREET ADDRESS	370 11 100111 01:				T ADDRESS ST-ZIP	11255 Wrights Lane				
CITY-ST-ZIP	TORRANCE CA					West Ch	ester, PA 19380		T a a distan	
TITLE	I I		🔀 Delete	TITLE		Treasur		<b>∏</b> Chan	ge 🔲 Addition l	
NAME	KOJIMA, CHIAKI	1 AVE #07		NAME	T ADDRESS	Crit De				
STREET ADDRESS	35 N CHATSWORTH	AVE #2/			ST-ZIP	1255 Wr	rights Lane		Ì	
CITY-ST-ZIP	LARCHMONT NY			_		West Cl	e <del>ster, PA 19380</del>		Addition	
TITLE	¥ 50000			TITLE	- Assistant Secretary A					
NAME	OGIHARA, JUN 161 W 61ST STREE	T #40D		NAME	T ADDRESS	David H	I. English		ļ	
STREET ADDRESS CITY-ST-ZIP		1 # 10D			ST-ZIP	1255 Wr	ights Lane			
	NEW YORK NY					_	ester, PA 19380	<b>★</b> Chan	ge 🔲 Addition	
TITLE	ALLAN HAUSKENS		😾 Delete	TITLÉ		Directo		A Out	igo 🗀 Addition	
NAME STREET ADDRESS		VD 4420			T ADDRESS	Crit De				
CITY-ST-ZIP	SAN RAMON CA 94				ST-ZIP		ights Lane			
	SVP	,w	X Delete				ester, PA 19380 Tesident	<b>☆</b> Chan	ge 🔲 Addition	
TITLE	STEVEN DIETSCH		TXT1 Detete	TITLE				AT Ollan	lge	
NAME STREET ADDRESS	12677 ALCOSTA BL	M #420			: et address	Crit De				
CITY-ST-ZIP					ST-ZIP		rights Lane		.	
	SAN RAMON CA 94	<del></del>	<b>107</b> 1 0 1 1	-			ester, PA 19380	<b>∑</b> Char	ge	
TITLE	KATSURO HAMADA		X) Delete	TITLE NAME		Directo		KI cuai	igo 🗀 Additioti	
NAME STREET ADDRESS		LAVE			T ADDRESS		Bernstein		Í	
STREET ADDRESS CITY-ST-ZIP	35 N CHATWSORTH				ST-ZIP		rights Lane			
	LARCHMONT NY 10		- PP PT				ester, PA 19380	ethor partific that t	ho information	
<b>13.</b> I hereby (	certify that the information	n supplied with thi	s tiling does not qualify for	the exer	nption stat	ed in Section	119.07(3)(i), Florida Statutes. I fu	iriner certify (nat t b: that I am an off	icor or director	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an onicer 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, Asst. Secretary