

# 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

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

1255 Wrights Lane  
 Suite, Apt. #, etc.

3. Mailing Address

1255 Wrights Lane  
 Suite, Apt. #, etc.

City & State  
 West Chester, PA

City & State  
 West Chester, PA

4. FEI Number **13-3295831**

Applied For  
 Not Applicable

Zip  
 19380

Country  
 USA

Zip  
 19380

Country  
 USA

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY**  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Abraham Bernstein</b> <b>1255 Wrights Lane</b> <b>West Chester, PA 19380</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Crit DeMent</b> <b>1255 Wrights Lane</b> <b>West Chester, PA 19380</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary</b> <b>David H. English</b> <b>1255 Wrights Lane</b> <b>West Chester, PA 19380</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Crit DeMent</b> <b>1255 Wrights Lane</b> <b>West Chester, PA 19380</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Crit DeMent</b> <b>1255 Wrights Lane</b> <b>West Chester, PA 19380</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Abraham Bernstein</b> <b>1255 Wrights Lane</b> <b>West Chester, PA 19380</b>	<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, Asst. Secretary (610) 719-4510**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)