CORPORATION ANNUAL REPORT 1995

Florida Department of State
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:33

DOCUMENT # P13858 (6)

1. Corporation Name
CSC CREDIT SERVICES, INC.

Principal Place of Business	Mailing Address
C/O TAX DEPT. 2100 E. GRAND AVENUE EL SEGUNDO CA 90245	C/O TAX DEPT. 2100 E. GRAND AVENUE EL SEGUNDO CA 90245

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/31/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 74-1560395 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM,INC
1201 HAYES ST
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	ELAM, DALE B.	1.2 NAME		
STREET ADDRESS	652 E. NORTH BELT	1.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP		
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	GORE, RONALD G	2.2 NAME		
STREET ADDRESS	652 E. N. BELT	2.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77060	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	CARMICHAEL, DWIGHT L	3.2 NAME		
STREET ADDRESS	652 E. N. BELT	3.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77060	3.4 CITY-ST-ZIP		
TITLE	AT	4.1 TITLE		☐ Change ☐ Addition
NAME	GOODMAN, LARRY D	4.2 NAME		
STREET ADDRESS	2100 E. GRAND AVE.	4.3 STREET ADDRESS		
CITY-ST-ZIP	EL SEGUNDO CA 90245	4.4 CITY-ST-ZIP		
TITLE	VAS	5.1 TITLE		☐ Change ☐ Addition
NAME	LEVEL, LEON J.	5.2 NAME		
STREET ADDRESS	2100 E. GRAND AVE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	EL SEGUNDO CA	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Larry D. Goodman Larry D. Goodman, Asst. Treas. 3-30-95 310 615-0311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0482648 FP