


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90046 014 ***150.00

DOCUMENT # P13858 1. Entity Name CSC CREDIT SERVICES, INC.	
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Principal Place of Business C/O TAX DEPT. 2100 E. GRAND AVENUE EL SEGUNDO, CA 90245	Mailing Address C/O TAX DEPT. 2100 E. GRAND AVENUE EL SEGUNDO, CA 90245
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DO NOT WRITE IN THIS SPACE

04252007 No Chg-P CR2E034 (11/05)

4. FEI Number 74-1560395	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTAITON, FL 33324

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DENNY, ROBERT M. 652 NORTH BELT EAST HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GORE, RONALD G. 652 E. N. BELT HOUSTON, TX 77060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FISHER, PEGGY 2100 E. GRAND AVE. EL SEGUNDO, CA 90245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT FLYNN, TIMOTHY R 2100 E. GRAND AVE. EL SEGUNDO, CA 90245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEANE, MICHAEL E 2100 EAST GRAND AVE EL SEGUNDO, CA 90245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISK, HAYWARD D 2100 E. GRAND AVE. EL SEGUNDO, CA 90245

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Timothy R. Flynn** **04/25/07** **310.615.0311**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #