

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 14, 2003 8:00 am
Secretary of State

0957088 AT

04-14-2003 90066 040 ***150.00

DOCUMENT # P13858

1. Entity Name
CSC CREDIT SERVICES, INC.



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



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

4. FEI Number **74-1560395**
Applied For
 Not Applicable

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

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DENNY, ROBERT M. 652 NORTH BELT EAST HOUSTON TX | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GORE, RONALD G 652 E. N. BELT HOUSTON TX 77060 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V FISHER, PEGGY 2100 E. GRAND AVE. EL SEGUNDO CA 90245 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT GOODMAN, LARRY D 2100 E. GRAND AVE. EL SEGUNDO CA 90245 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VAS LEVEL, LEON J. 2100 E. GRAND AVE. EL SEGUNDO CA | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FISK, HAYWARD D 2100 E. GRAND AVE. EL SEGUNDO CA 90245 | <input type="checkbox"/> |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|---------------------------------|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Larry D Goodman* **LARRY D GOODMAN/Assistant Treasurer** **04/07/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (10/02)

310 615-0311