

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P18712

1. Entity Name

USA GROUP LOAN SERVICES, INC.

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90034 009 ****61.25

Principal Place of Business

Mailing Address

30 SOUTH MERIDIAN ST.
INDIANAPOLIS IN 46204-3503
US

30 S MERIDIAN ST
ATTN: LEGAL DEPT H773
INDIANAPOLIS IN 46204-3503
US

00011440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

35-1558151

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VCFO	<input checked="" type="checkbox"/> Delete
NAME	OTTO, VINCENT J	
STREET ADDRESS	30 SOUTH MERIDIAN ST.	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	
TITLE	VCTR	<input type="checkbox"/> Delete
NAME	DALSTROM, CARL C.	
STREET ADDRESS	30 S MERIDIAN ST	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	
TITLE	CPCT	<input type="checkbox"/> Delete
NAME	LINTZENICH, JAMES C	
STREET ADDRESS	30 S MERIDIAN ST	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	
TITLE	VSGT	<input type="checkbox"/> Delete
NAME	SCHMIDT, EDWARD R	
STREET ADDRESS	30 SOUTH MERIDIAN ST	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	
TITLE	EVPT	<input type="checkbox"/> Delete
NAME	LAMKIN, MARTHA D.	
STREET ADDRESS	30 S MERIDIAN ST	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	
TITLE	SVPT	<input checked="" type="checkbox"/> Delete
NAME	BALLARD, ROBERT C	
STREET ADDRESS	30 S MERIDIAN ST	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chairman and Chief Executive Officer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:

[Signature]

1-17-00

951-5533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #