CR2E034 (10/00)

FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 04, 2001 8:00 am **DOCUMENT # P27534** Secretary of State CREDITHRIFT OF AMERICA, INC. 05-04-2001 90129 027 ***150.00 Principal Place of Business Mailing Address 601 N.W. SECOND STREET 601 N.W. SECOND STREET EVANSVILLE IN 47708 **EVANSVILLE IN 47708** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 35-1143068 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PDCE ☐ Change ☐ Addition TITLE TITLE ☐ Delete GEISSINGER, FREDERICK W NAME NAME STREET ADDRESS STREET ADDRESS 601 NW 2ND STREET CITY-ST-ZIP CITY-ST-ZiP **EVANSVILLE IN** ☐ Change TITLE ☐ Addition Delete TITLE ROBERT A COLE NAME NAME STREET ADDRESS STREET ADDRESS 601 N.W. SECOND STREET CITY-ST-ZIP CITY-ST-ZIP **EVANSVILLE IN 47708** TITLE Delete ☐ Change **X** Addition Breivogel, Jr. NAME MARY R DEIG STREET ADDRESS STREET ADDRESS 2nd 601 NW 2ND ST CITY-ST-ZIP CITY-ST-ZIP **EVANSVILLE IN 47708** 47708 X Delete TITLE TITLE Change **Addition** NAME DIGIACOMO, RON NAME STREET ADDRESS 601 N.W. 2ND ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **EVANSVILLE IN 47708** Change TITLE ☐ Delete TITLE ☐ Addition NAME HANLEY, PHILIP M. NAME STREET ADDRESS 601 N.W. SECOND STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EVANSVILLE IN TITLE AS X Delete TITLE ☐ Change Addition NAME LEDBETTER, JEFFREY L NAME STREET ADDRESS STREET ADDRESS 601 N.W. SECOND STREET CITY-ST-ZIP EVANSVILLE IN

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:

When the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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: