

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P32603 (3)

1. Corporation Name

CREDCO OF TEXAS, INC.



Principal Place of Business

5930 PRIESTLY DR
STE 200
CARLSBAD CA 92008
US

Mailing Address

111 SW FIFTH T-2
PO BOX 2200
PORTLAND OR 97208-2200
US

3. Date Incorporated or Qualified
01/28/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 9444 Balboa Avenue

2a. Mailing Address

26 9444 Balboa Avenue

4. FEI Number

91-0745710

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22 Suite 550

27 Suite 550

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

City & State

City & State

23 San Diego CA

28 San Diego CA

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

Zip

Country

Zip

Country

24 92123

25 USA

29 92123

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ROBERT, DONALD A
9444 BALBOA AVENUE, SUITE 550
SAN DIEGO CA

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVPD
BARRETTE, KATHLEEN
333 EARLE O'VINGTON BOULEVARD, SUITE 300
UNIONDALE NY

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☒ Change ☐ Addition
Manzione, Kathleen
Uniondale, NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
DETWEILER
9444 BALBOA AVENUE, SUITE 550
SAN DIEGO CA

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☒ Change ☐ Addition
Detweiler, Carl

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ZINDA, CRAIG J
18167 US HIGHWAY 19 NORTH, SUITE 600
CLEARWATER FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☒ Change ☐ Addition
150 Second Avenue North, Suite 1600
St. Petersburg, FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KENNEDY, PARKER S
114 EAST FIFTH STREET
SANTA ANA CA

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LONG, JOHN W.
18167 US HIGHWAY 19 NORTH, SUITE 600
CLEARWATER FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☒ Change ☐ Addition
150 Second Avenue North, Suite 1600
St. Petersburg, FL 33701

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)(k), 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:

Craig J. Zinda
Craig J. Zinda, Secretary

April 24, 1996

813-895-4915

Date

Daytime Phone #

CR2E034 (12/95)