

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P34479** (6)
1. Corporation Name
CREDIT REPORTING SERVICES, INC.



Principal Place of Business 17177 N LAUREL PK S416 LIVONIA MI 48152 US	Mailing Address 17177 N LAUREL PK S416 LIVONIA MI 48152-2693 US
--	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/20/1991	3a. Date of Last Report 03/27/1996
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 38-2934440		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent EATON, BARBARA 10014 N. DALE MABRY STE 208 TAMPA FL 33618		10. Name and Address of New Registered Agent	
81. Name BARBARA EATON	82. Street Address (P.O. Box Number is Not Acceptable) 3820 NORTDALE BLVD		
83. Suite SUITE 102 B	84. City TAMPA	85. Zip Code FL 33624	

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 **BARBARA EATON** *Barbara Eaton* DATE **3/14/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, PETER B.	1.2 NAME	
STREET ADDRESS	25 S. HURON ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	YPSILANTI MI	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIGUE, JEFFREY F.	2.2 NAME	
STREET ADDRESS	9160 MERRILL RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WHITMORE LAKE MI	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATON, BARBARA	3.2 NAME	
STREET ADDRESS	10014 N. DALE MABRY, SUITE 208	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKAY, LORI	4.2 NAME	
STREET ADDRESS	17177 N LAUREL PK DR S416	4.3 STREET ADDRESS	
CITY-ST-ZIP	LIVONIA MI	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *[Signature]* **PRE9** 3-11-97 313 442 4015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

0480086

CR2E034 (9/96)