

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P36724 (3)

1. Corporation Name
CREDITWATCH, INC.



Principal Place of Business

Mailing Address

1200 E. COPELAND ROAD
SUITE 400
ARLINGTON TX 76011
US

1200 E. COPELAND ROAD
SUITE 400
ARLINGTON TX 76011
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1991

4. FEI Number

75-2316063

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 5850 W I-20

Suite, Apt. #, etc.
22 Suite 100

City & State
23 Arlington, TX

Zip

24 76017

Country

25 US

2a. Mailing Address

26 5850 W I-20

Suite, Apt. #, etc.
27 Suite 100

City & State
28 Arlington, TX

Zip

29 76017

Country

30 US

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

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

TITLE PD
NAME QUANT, HAROLD E.
STREET ADDRESS 1200 E. COPELAND ROAD #400
CITY-ST-ZIP ARLINGTON TX

☐ DELETE

TITLE S
NAME LAVERY, PATRICK
STREET ADDRESS 1200 E. COPELAND ROAD #400
CITY-ST-ZIP ARLINGTON TX

☐ DELETE

TITLE T
NAME WERYLE, ANNEGRET
STREET ADDRESS 1200 E. COPELAND ROAD #400
CITY-ST-ZIP ARLINGTON TX

☐ DELETE

TITLE D
NAME QUANT, MICHELLE
STREET ADDRESS 1200 E. COPELAND ROAD #400
CITY-ST-ZIP BURLESON TX

☐ DELETE

TITLE VP
NAME NEFF, KYRA
STREET ADDRESS 1200 E. COPELAND ROAD #400
CITY-ST-ZIP ARLINGTON TX

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 5850 W I-20, Suite 100
1.4 CITY-ST-ZIP Arlington, TX 76017

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 5850 W I-20, Suite 100
2.4 CITY-ST-ZIP Arlington, TX 76017

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 5850 W I-20, Suite 100
3.4 CITY-ST-ZIP Arlington, TX 76017

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 5850 W I-20, Suite 100
4.4 CITY-ST-ZIP Arlington, TX 76017

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS 5850 W I-20, Suite 100
5.4 CITY-ST-ZIP Arlington, TX 76017

☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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

Attorney in Law

4/30/98 (817) 563-0900

CR2E034 (10/97)