2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 28, 2002 8:00 am Secretary of State **DOCUMENT #** P95000093151 1. Entity Name CCS AUTO TITLE LOANS, INC. 04-28-2002 90774 045 ***150 00 Principal Place of Business Mailing Address 5200 N.W. 33RD AVENUE 1400 E TOUHY AVE SUITE 109 **STE 100** FT. LAUDERDALE FL 33309 DES PLAINES IL 60018 US 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 65-0629299 Not Applicable 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 Name HAUSER, PAUL Street Address (P.O. Box Number is Not Acceptable) 5200 N.W. 33RD AVENUE SUITE 109 FT. LAUDERDALE FL 33309 Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME HERSHMAN, BARRY E NAME STREET ADDRESS 1400 E. TOUHY AVE., SUITE 100 STREET ADDRESS CITY-ST-ZIP DES PLAINES IL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME HAUSER, PAUL NAME STREET ADDRESS 5200 NW 33RD AVE, SUITE 109 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME EAGER, ALLEN NAME STREET ADDRESS 1400 E. TOUHY AVE., SUITE 100 STREET ADDRESS CITY-ST-ZIP DES PLAINES IL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME DAVIS, MARSHALL NAME STREET ADDRESS 5200 NW 33 AVE STREET ADDRESS CITY-ST-7IP FT LAUDERDALE FL CITY-ST-7IP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

REQUIRED BARRY E HERSHMAN 4/19/02 847-759-4555

ME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Dayline Phone # SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with a

13. I hereby certify that the information supplied with this filling 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 flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if