

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000093151

FILED
Feb 06, 2004
Secretary of State

Entity Name: CCS AUTO TITLE LOANS, INC.

Current Principal Place of Business:

5200 N.W. 33RD AVENUE
SUITE 109
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

1400 E TOUHY AVE
STE 100
DES PLAINES, IL 60018 US

New Mailing Address:

FEI Number: 65-0629299 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAUSER, PAUL
5200 N.W. 33RD AVENUE
SUITE 109
FT. LAUDERDALE, FL 33309

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: HERSHMAN, BARRY E
Address: 1400 E. TOUHY AVE., SUITE 100
City-St-Zip: DES PLAINES, IL

Title: PD () Delete
Name: HAUSER, PAUL
Address: 5200 NW 33RD AVE, SUITE 109
City-St-Zip: FT. LAUDERDALE, FL

Title: D () Delete
Name: EAGER, ALLEN
Address: 1400 E. TOUHY AVE., SUITE 100
City-St-Zip: DES PLAINES, IL

Title: VP () Delete
Name: DAVIS, MARSHALL
Address: 5200 NW 33 AVE
City-St-Zip: FT LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL HAUSER

PD

02/06/2004

Electronic Signature of Signing Officer or Director

_____ Date