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Apr 24 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 # P96000012178 (5)

1. Corporation Name

STERLING CREDENTIALS VERIFICATION SERVICES, INC.



Principal Place of Business

Mailing Address

6855 SOUTH RED ROAD
SUITE 400
MIAMI FL 33143

6855 SOUTH RED ROAD
SUITE 400
MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 5835 BLUE LAGOON DR

2a. Mailing Address

26 5835 BLUE LAGOON DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI FL

City & State

28 MIAMI FL

Zip

24 33126

Country

25 US

Zip

29 33126

Country

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH 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

TITLE D ☐ DELETE

NAME DRESNICK, STEPHEN J
STREET ADDRESS 6855 SOUTH RED ROAD, SUITE 400
CITY-ST-ZIP MIAMI FL 33143

TITLE D ☐ DELETE

NAME GREENMAN, JACK
STREET ADDRESS 6855 SOUTH RED ROAD, SUITE 400
CITY-ST-ZIP MIAMI FL 33143

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, P ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 5835 BLUE LAGOON DR

1.4 CITY-ST-ZIP MIAMI FL 33126

2.1 TITLE D, VP ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 5835 BLUE LAGOON DR

2.4 CITY-ST-ZIP MIAMI FL 33126

3.1 TITLE T, VP ☐ Change ☒ Addition

3.2 NAME LASH, STEVEN M

3.3 STREET ADDRESS 3636 NOBEL DR

3.4 CITY-ST-ZIP SAN DIEGO, CA 92122

4.1 TITLE S, VP ☐ Change ☒ Addition

4.2 NAME LEBOVITZ, JAMES A.

4.3 STREET ADDRESS 3636 NOBEL DR

4.4 CITY-ST-ZIP SAN DIEGO CA 92122

5.1 TITLE VP, AT ☐ Change ☒ Addition

5.2 NAME MOORE, CHERYL

5.3 STREET ADDRESS 3636 NOBEL DR

5.4 CITY-ST-ZIP SAN DIEGO, CA 92122

6.1 TITLE AS ☐ Change ☒ Addition

6.2 NAME WATKIN, NANCY

6.3 STREET ADDRESS 5835 BLUE LAGOON DR

6.4 CITY-ST-ZIP MIAMI FL 33126

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.

CR2E034 (10/97)