FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P98000003526 1. Entity Name AMERISHIELD COLLECTION SERVICES, INC. 4-30-2001 90398 048 ***150.00 Principal Place of Business Mailing Address 5050 SQUIRREL BEND 5050 SQUIRREL BEND C0056603 COLUMBUS OH 43220 COLUMBUS OH 43220 2. Principal Place of Business 3. Mailing Address 6885 Temperance Point Pl 6885 Temperance Point Pl Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0808235 Ohio Westerville. Westerville. <u>Ohio</u> Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired -43082 Fee Required --USA <u>-USA-</u> ÷43082. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITI F Delete TITLE NAME NAME SCHULTZ, SARAH L 6885 Temperance Point Pl. STREET ADDRESS STREET ADDRESS 5050 SQUIRREL BEND Westerville, Ohio -43082 CITY-ST-ZIP CITY-ST-ZIP COLUMBUS OH 43220 ☐ Delete TITLE Change TITLE JORGENSEN, LORA NAME NAME STREET ADDRESS STREET ADDRESS 6885 Temperance Point Pl. 5050 SQUIRREL BEND Westerville, Ohio 43082 CITY-ST-ZIP CITY-ST-ZIP COLUMBUS OH 43220 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

OF SIGNING OFFICER O