2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2000 8:00 am Secretary of State DOCUMENT # **P98000083499** 1. Entity Name ONLINE CREDIT CLEARING CORP. 04-26-2000 90201 027 ***150.00 Principal Place of Business Mailing Address 210 UNIVERSITY DRIVE 210 UNIVERSITY DRIVE SUITE 500 SUITE 500 CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071-7392 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 404 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. t Applied For City & State City & State 4. FEI Number 65-0864901 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired ---- -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SLIM, SAMI Street Address (P.O. Box Number is Not Acceptable) 210 UNIVERSITY DRIVE SUITE 500 CORAL SPRINGS FL 33071 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE PD ☐ Defete NAME NAME SLIM, SAMI 210 UNIVERSITY DRIVE STE 500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 X- Addition M Delete TITLE VPD VSD TITLE BATTLES, BRENDAN NAME NAME STREET ADDRESS STREET ADDRESS 210 UNIVERSITY DRIVE STE 500 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Delete TITLE TITLE NAME LEQUERIQUE, RAY NAME STREET ADDRESS STREET ADDRESS 210 UNIVERSITY DRIVE STE 500 CITY-ST-ZIP CITY - ST - ZIP **CORAL SPRINGS FL 33071** ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITI F 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 mother life empowered.

SIGNATURE

SIGNATURE AND TYPED OF PRAYED NAME OF SIGNING OFFICER OF DIRECTOR

4-14-00 954-346-)2-88

Daytime Phone #