2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2013
Secretary of State
CC3506602719

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Entity Name: CONSOLIDATED CREDIT SOLUTIONS, INC.

Current Principal Place of Business:

5701 WEST SUNRISE BLVD.
FT. LAUDERDALE, FL 33313

Current Mailing Address:

5701 WEST SUNRISE BLVD.
FT. LAUDERDALE, FL 33313 US

FEI Number: 59-2261789

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HERMAN, GARY
5701 WEST SUNRISE BLVD.
SUITE 200
FT. LAUDERDALE, FL 33313 US

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

Officer/Director Detail :

Title	P	Title	VPT
Name	HERMAN, GARY	Name	SHER, HILTON
Address	5701 WEST SUNRISE BLVD, STE 200	Address	5701 WEST SUNRISE BLVD, STE 200
City-State-Zip:	FT. LAUDERDALE FL 33313	City-State-Zip:	FT. LAUDERDALE FL 33313
Title	S	Title	D
Name	LIBREA, ROMEO	Name	NEEDLE, JEFF
Address	5701 WEST SUNRISE BLVD, STE 200	Address	5300 NW 33RD AVE, STE 206
City-State-Zip:	FT. LAUDERDALE FL 33313	City-State-Zip:	FT. LAUDERDALE FL 33309
Title	D	Title	D
Name	GOLDBERG, MOREY	Name	FISCHER, STEVE
Address	308 E. LANCASTER AVE, STE 300	Address	300 SOUTH PINE ISLAND RD, STE 110
City-State-Zip:	WYNNEWOOD PA 19096-2145	City-State-Zip:	PLANTATION FL 33324

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHER, HILTON VP 01/21/2013

Electronic Signature of Signing Officer/Director Detail — Date