

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001071

Entity Name: CREDIT ADJUSTMENTS, INC**Current Principal Place of Business:**330 FLORENCE STREET
DEFIANCE, OH 43512**Current Mailing Address:**330 FLORENCE STREET
DEFIANCE, OH 43512 US**FEI Number:** 34-0941570**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUSINESS FILINGS INCORPORATED
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** MARK WILLIAMS

02/22/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name OSBORNE, MICHAEL
Address 330 FLORENCE STREET
City-State-Zip: DEFIANCE OH 43512

Title DIRECTOR
Name OSBORNE, JASON
Address 330 FLORENCE STREET
City-State-Zip: DEFIANCE OH 43512

Title DIRECTOR
Name WEISNER, DAVID
Address 330 FLORENCE STREET
City-State-Zip: DEFIANCE OH 43512

Title DIRECTOR
Name BLOOMFIELD, LISA
Address 330 FLORENCE STREET
City-State-Zip: DEFIANCE OH 43512

Title DIRECTOR
Name INVESTMENTS, LLC, PHS
Address 330 FLORENCE STREET
City-State-Zip: DEFIANCE OH 43512

Title PRESIDENT
Name OSBORNE, MICHAEL
Address 330 FLORENCE STREET
City-State-Zip: DEFIANCE OH 43512

Title VICE-PRESIDENT
Name OSBORNE, JASON
Address 330 FLORENCE STREET
City-State-Zip: DEFIANCE OH 43512

Title SECRETARY
Name BLOOMFIELD, LISA
Address 330 FLORENCE STREET
City-State-Zip: DEFIANCE OH 43512

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

SIGNATURE: MICHAEL OSBORNE

PRESIDENT

02/22/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	TREASURER
Name	WEISNER, DAVID
Address	330 FLORENCE STREET
City-State-Zip:	DEFIANCE OH 43512