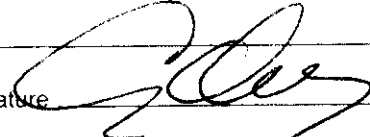


No. W 16038	Due no later than July 31, 2005		2. Registered Agent and Office NO PO BOX																														
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE, ID 83702																														
	1. Mailing Address <small>Correct in this box, if applicable</small> QUANTRIX CREDIT SERVICES, LLC 1 FIRST AMERICAN WAY SANTA ANA, CA 92707																																
4. Limited Liability Companies: Enter Names and Addresses of Managers.			3. <u>New</u> Registered Agent Signature																														
<table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager,</td> <td>Greg Gorman</td> <td>3415 Vision Dr.,</td> <td>Columbus,</td> <td>OH</td> <td>43219</td> </tr> <tr> <td>Manager,</td> <td>Hamid Tari</td> <td>3415 Vision Dr.,</td> <td>Columbus,</td> <td>OH</td> <td>43219</td> </tr> <tr> <td>Manager,</td> <td>Craig I. DeRoy</td> <td>1 First American Way,</td> <td>Santa Ana,</td> <td>CA</td> <td>92707</td> </tr> <tr> <td>Manager,</td> <td>Stephanie Seabolt</td> <td>401 E. Corporate Dr.,</td> <td>Ste. 212,</td> <td>Lewisville</td> <td>TX, 75057</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager,	Greg Gorman	3415 Vision Dr.,	Columbus,	OH	43219	Manager,	Hamid Tari	3415 Vision Dr.,	Columbus,	OH	43219	Manager,	Craig I. DeRoy	1 First American Way,	Santa Ana,	CA	92707	Manager,	Stephanie Seabolt	401 E. Corporate Dr.,	Ste. 212,	Lewisville	TX, 75057
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5. Organized Under the Laws of: DELAWARE W 16038	6.  Signature _____ Date 5/18/05 Name <small>(Typed or Printed)</small> Craig I. DeRoy Title Manager																																

Issued 05/02/2005

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