

No. C 161803		Due no later than Aug 31, 2012		2. Registered Agent and Address (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 1. Mailing Address: Correct in this box if needed. CONSUMER CREDIT MANAGEMENT SERVICES INC. 315 NE 2ND AVENUE DELRAY BEACH FL 33444 USA		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	WILLIAM J WOOD	315 NE 2ND AVENUE	DELRAY BEACH	FL	USA	33444
PRESIDENT	DARISH STILL	315 NE 2ND AVENUE	DELRAY BEACH	FL	USA	33444
SECRETARY	REGINA CRAFA	315 NE 2ND AVENUE	DELRAY BEACH	FL	USA	33444
TREASURER	KIMBERLY CAMEJO	315 NE 2ND AVENUE	DELRAY BEACH	FL	USA	33444
DIRECTOR	REGINA CRAFA	315 NE 2ND AVENUE	DELRAY BEACH	FL	USA	33444
DIRECTOR	RITA ELLIS	315 NE 2ND AVENUE	DELRAY BEACH	FL	USA	33444
DIRECTOR	SEABRON SMITH	315 NE 2ND AVENUE	DELRAY BEACH	FL	USA	33444
DIRECTOR	SUSAN A. RUBY	315 NE 2ND AVENUE	DELRAY BEACH	FL	USA	33444
5. Organized Under the Laws of: FL C 161803		6. Annual Report must be signed.* Signature: Regina Crafa Name (type or print): Regina Crafa Date: 08/14/2012 Title: Secretary				
Processed 08/14/2012		* Electronically provided signatures are accepted as original signatures.				