STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1** • **Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
140052	SUBURBAN CREDIT CORPORATION			
3. Street Address Principal Business Office: 6142 Franconia Rd.		City: Alexandria	State: Virginia	Zip: 22310-2597
4. Business Phone No.: (703) 924-3000	5. State of Incorporation: VIRGINIA			6. SIC Code: 7799

7. Brief Description of the Character of Business Conducted in Rhode Island: DEBT COLLECTION

8. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

	President Name	Street Address	City	State	Zip
	Marlene Bingaman	7700 Manor House Drive	Fairfax Station	Virginia	22039
	Vice President Name	Street Address	City	State	Zip
	Secretary Name	Street Address	City	State	Zip
	Michelle Bingaman	8210 Shadowridge Drive	Fairfax Station	Virginia	22039
	Treasurer Name	Street Address	City	State	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

	Director Name	Street Address	City	State	Zip
	Marlene Bingaman	7700 Manor House Drive	Fairfax Station	Virginia	22039
	Director Name	Street Address	City	State	Zip
	Neil Bingaman	7700 Manor House Drive	Fairfax Station	Virginia	22039
	Director Name	Street Address	City	State	Zip
	Michelle Bingaman	8210 Shadowridge Drive	Fairfax Station	Virginia	22039
	Director Name	Street Address	City	State	Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
5,000	COMM	$10.00 PAR VALUE	100	Common	$10.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

140052

FILED
File Date APR 07 2005
Check No. 9239
By
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Marlene Bingaman — 2/1/05
Signature of Officer — *Date*

Marlene Bingaman
Print or Type Name of Officer

President
Title of Officer

Form 630 Rev. 12/03