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
141777	United Consumer Financial Services Company

3. Street Address Principal Business Office	City	State	Zip
865 BASSETT ROAD	WESTLAKE	OH	44145

4. Business Phone No.	5. State of Incorporation	6. SIC Code
440-835-3230	DELAWARE	6148

7. Brief Description of the Character of Business Conducted in Rhode Island
CONSUMER CREDIT ACTIVITIES

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

President Name	Street Address	City	State	Zip
CARL BROOKS	865 BASSETT ROAD	WESTLAKE	OH	44145

Vice President Name	Street Address	City	State	Zip
WILLIAM J. CISZCZON	865 BASSETT ROAD	WESTLAKE	OH	44145

Secretary Name	Street Address	City	State	Zip
CLIFFORD J. HOOLEY	865 BASSETT ROAD	WESTLAKE	OH	44145

Treasurer Name	Street Address	City	State	Zip
WILLIAM J. CISZCZON	865 BASSETT ROAD	WESTLAKE	OH	44145

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

Director Name	Street Address	City	State	Zip
CARL BROOKS	865 BASSETT ROAD	WESTLAKE	OH	44145

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

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

AUTHORIZED SHARES		
Number of Shares	*Class/Series*	*Par Value*
2,000 COMM NO PAR VALUE		

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

ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*
1		

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

[redacted] [redacted]

141777

File Date FILED
Check No APR 08 2005 003741
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.

William J. Ciszczon 1/13/05
Signature of Officer *Date*

William J. Ciszczon
Print or Type Name of Officer

Vice President
Title of Officer

Form 630 Rev. 12/03