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|--|---|--|---|-------|---------|-------------|
| No. <b>C 199824</b>  | <b>Due no later than Sep 30, 2015</b><br><b>Annual Report Form</b>  | 2. Registered Agent and Address <b>(NO PO BOX)</b>                           |   |       |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br>PROFESSIONAL DEBT MEDIATION, INC.<br>MONAE GADSON<br>7948 BAYMEADOWS WAY 2ND FL<br>JACKSONVILLE FL 32256 | CORPORATION SERVICE COMPANY<br>12550 W EXPLORER DR STE 100<br>BOISE ID 83713 |   |       |         |             |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |   | 3. <u>New</u> Registered Agent Signature:*                                   |   |       |         |             |
| Office Held  | Name  | Street or PO Address   | City  | State | Country | Postal Code |
| PRESIDENT  | ROHAN R KISSOONLAL  | 7948 BAYMEADOWS WAY 2ND FL   | JACKSONVILLE  | FL    | USA     | 32256       |
| 5. Organized Under the Laws of:<br><br><b>FL</b><br><b>C 199824</b>  | 6. Annual Report must be signed.*<br>Signature: Monae Gadson<br>Name (type or print): Monae Gadson  |  | Date: 09/11/2015<br>Title: Admin Mgr/Accts Payables |       |         |             |
| Processed 09/11/2015   |   | * Electronically provided signatures are accepted as original signatures.    |   |       |         |             |