| No. C199824 | | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|---|--|--|-------|---------|-------------|
| Return to: | | Annual Report Form | | CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. | | | | | |
| | | PROFESSIONAL DEBT MEDIATION, INC. MONAE GADSON 7948 BAYMEADOWS WAY 2ND FL JACKSONVILLE FL 32256 USA | | | | | |
| | | | | 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Corporations: Enter Nar | mes and Busin | ess Addresses of P | resident, Secretary, and Directors. Treasure | r (optional). | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code |
| PRESIDENT ROHAN R K | | ISSOONLAL | 7948 BAYMEADOWS WAY 2ND FL | JACKSONVILLE | FL | USA | 32256 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| FL C199824 | | Signature: Monae Gadson | | Date: 09/26/2014 | | | |
| | | Name (type or | Title: Admin Mgr | | | | |
| Processed 09/26/2014 | * Electronically provided signatures are accepted as original signatures. | | | | | | |