

No. <b>C 138122</b>		Due no later than Mar 31, 2017 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> COMPLETE PAYMENT RECOVERY SERVICES, INC. 11601 ROOSEVELT BLVD., N. ST. PETERSBURG FL 33716 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
				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	
PRESIDENT	BARBARA "ANN" AKINS	750 CAMBRIDGE LANE	TUSCALOOSA	AL	USA	35406	
SECRETARY	GEMEL CLARK	5633 REDBUD LANE	TUSCALOOSA	AL	USA	35405	
TREASURER	GEMEL CLARK	5633 REDBUD LANE	TUSCALOOSA	AL	USA	35405	
DIRECTOR	GEMEL CLARK	5633 REDBUD LANE	TUSCALOOSA	AL	USA	35405	
DIRECTOR	BARBARA "ANN" AKINS	750 CAMBRIDGE LANE	TUSCALOOSA	AL	USA	35406	
5. Organized Under the Laws of:  <b>GA C 138122</b>		6. Annual Report must be signed.* Signature: Mandeline Hendricks Name (type or print): Mandeline Hendricks Date: 02/06/2017 Title: POA					
Processed 02/06/2017		* Electronically provided signatures are accepted as original signatures.					