

No. C 211091		Due no later than Sep 30, 2017		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. CAPITAL RECOVERY SYSTEMS, INC. 750 CROSS POINTE RD STE S COLUMBUS OH 43230		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713		
				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
TREASURER	CINDY SOVELL-KLEIN	5220 HARBOR POINTE DRIVE	GALENA	OH	USA	43021
SECRETARY	KIM SOVELL	5322 HARBOR POINTE DRIVE	GALENA	OH	USA	43021
VICE PRESIDENT	DENNIS JOHNSON	56 LANGTREE DR.	PICKERINGTON	OH	USA	43147
PRESIDENT	CRAIG WARD KLEIN	750 CROSS POINTE RD STE S	COLUMBUS	OH		43230
5. Organized Under the Laws of: OH C 211091		6. Annual Report must be signed.* Signature: Craig Ward Klein Name (type or print): Craig Ward Klein Date: 08/23/2017 Title: President				
Processed 08/23/2017		* Electronically provided signatures are accepted as original signatures.				