

|  |                            |   |             |  |         |             |  |
|--|----------------------------|---|-------------|--|---------|-------------|--|
| No. <b>W 113771</b>  |                            | <b>Due no later than May 31, 2013</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><br>ASSETS RECOVERY CENTER, LLC<br>DAVID ALAN FRATANGELO<br>1900 SUNSET HARBOUR DRIVE<br>THE ANNEX - 2ND FLOOR<br>MIAMI BEACH FL 33139-1400<br>USA |             | SYNEX LLC<br>921 S ORCHARD ST STE G<br>BOISE ID 83705<br>USA |         |             |  |
|  |                            |   |             | 3. <u>New</u> Registered Agent Signature:*                   |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |                            |   |             |  |         |             |  |
| Office Held  | Name                       | Street or PO Address  | City        | State  | Country | Postal Code |  |
| MEMBER   | DANIEL FERDINAND COOSEMANS | 1900 SUNSET HARBOUR DRIVE THE ANNEX - 2ND FLOOR   | MIAMI BEACH | FL   | USA     | 33139-1400  |  |
| 5. Organized Under the Laws of:<br><br><b>FL<br/>W 113771</b>  |                            | 6. Annual Report must be signed.*<br>Signature: Daniel Coosemans<br>Name (type or print): Daniel Coosemans<br>Date: 06/06/2013<br>Title: Managing Member  |             |  |         |             |  |
| Processed 06/06/2013   |                            | * Electronically provided signatures are accepted as original signatures.   |             |  |         |             |  |