2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
04-05-2004 90046 036 ***150.00

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02022004 Chg-P CR2E034 (10/03)

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1. Entity Name
ASSET MANAGEMENT OUTSOURCING RECOVERIES, INC.

Principal Place of Business	Mailing Address
7001 PEACHTREE IND. BLVD STE. 320 NORCROSS, GA 30092	P. O. BOX 947 WAUKESHA, WI 53187-0947

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 58-2437976 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PATTERSON, EDDY 7067 W. BROWARD AVE. SUITE C PLANTATION, FL 33317	Name: Carlos Novelli Street Address (P.O. Box Number is Not Acceptable): 7067 W. Broward Blvd., Suite C City: Plantation FL Zip Code: 33317

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] Carlos Novelli, Director of Operations, AMO Recoveries DATE: 3/22/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRES ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OLIVER, THOMAS	NAME	
STREET ADDRESS	1825 BARRETT LAKES BLVD., SUITE 250	STREET ADDRESS	
CITY-ST-ZIP	KENNESAW, GA 30144	CITY-ST-ZIP	
TITLE	SCFO ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TSANOS, SCOTT	NAME	
STREET ADDRESS	1825 BARRETT LAKES BLVD., SUITE 250	STREET ADDRESS	
CITY-ST-ZIP	KENNESAW, GA 30144	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Scott J. Tsanos 3/25/04 770-792-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #