2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State
03-28-2005 90079 003 ***150.00

DOCUMENT # F00000003922

1. Entity Name
ASSET MANAGEMENT OUTSOURCING RECOVERIES, INC.

50031448

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

01122005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	6737 W. Washington St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.: Suite # 3118
City & State	City & State: West Allis, WI
Zip / Country	Zip: 53214 / 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
NOVELLI, CARLSO 7067 W. BROWARD BLVD. SUITE C PLANTATION, FL 33317	Name: David Barill 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] , Director of Operations AMO Recoveries — 2/14/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	President/CEO	☐ Change ☑ Addition
NAME	OLIVER, THOMAS		NAME	Michael A. Chamberlain	
STREET ADDRESS	1825 BARRETT LAKES BLVD., SUITE 250		STREET ADDRESS	7001 Peachtree Ind. Blvd., Ste. 320	
CITY-ST-ZIP	KENNESAW, GA 30144		CITY-ST-ZIP	Norcross, GA 30092	
TITLE	SCFO	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	TSANOS, SCOTT		NAME		
STREET ADDRESS	~~1825 BARRETT LAKES BLVD., SUITE 250~~		STREET ADDRESS	7001 Peachtree Ind. Blvd., Ste. 320	
CITY-ST-ZIP	~~KENNESAW, GA 30144~~		CITY-ST-ZIP	Norcross, GA 30092	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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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 — 3-7-05 — 678-282-6504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #