2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002383

Title:

Name:

Address:

City-St-Zip:

() Delete

50 MILLSTONE ROAD BUILDING 100 SUITE 360

ARTUS, GRETCHEN

EAST WINDSOR, NJ 08520

FILED Apr 08, 2009 Secretary of State

Entity Nar	me: COFACE	COLLECTIONS NORTH AME	ERICA, INC.			
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
BUILDING	ONE ROAD 100 SUITE 36 IDSOR, NJ 08					
Current M	lailing Addres	ss:	New Maili	New Mailing Address:		
BUILDING	ONE ROAD 100 SUITE 36 IDSOR, NJ 08					
FEI Number: 36-4372185 FEI Number Applied For ()		FEI Number Not App	licable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
1200 SOU PLANTATI The above	PORATION SY TH PINE ISLA ION, FL 33324 named entity of Florida.	ND ROAD I US	ourpose of changing	its registered	d office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent			ent		Date	
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	NEWTON, WIL	ROAD BUILDING 100 SUITE 360	Title: Name: Address: City-St-Zip:	BRENAN, TH 50 MILLSTO	(X) Change ()Addition HOMAS INE ROAD BUILDING 100 SUITE 360 SOR, NJ 08520	
Title: Name: Address: City-St-Zip:	BRENAN, THO	ROAD BUILDING 100 SUITE 360	Title: Name: Address: City-St-Zip:	MCDERMOT 50 MILLSTO	(X) Change ()Addition T, JAMES NE ROAD BUILDING 100 SUITE 360 SOR, NJ 08520	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS BRENAN (LAUREN LOPEZ) PD 04/08/2009

() Change () Addition