

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1000002132

Entity Name: CITATION COLLECTION SERVICES, LLC

Current Principal Place of Business:

8900 KEYSTONE CROSSING, STE. 700
INDIANAPOLIS, IN 46240

Current Mailing Address:

8900 KEYSTONE CROSSING, STE. 700
INDIANAPOLIS, IN 46240 US

FEI Number: 20-5461227

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name BLAKE, NORMAN P
Address 8900 KEYSTONE CROSSING, STE. 700

City-State-Zip: INDIANAPOLIS IN 46240

Title SECRETARY
Name AVRAHAM, RAPHAEL
Address 8900 KEYSTONE CROSSING, STE. 700

City-State-Zip: INDIANAPOLIS IN 46240

Title ASST. SECRETARY
Name WILLIAMS, KRISTIN
Address 8900 KEYSTONE CROSSING, STE. 700

City-State-Zip: INDIANAPOLIS IN 46240

Title TREASURER
Name NEVELS, JOHN
Address 8900 KEYSTONE CROSSING, STE. 700

City-State-Zip: INDIANAPOLIS IN 46240

Title MEMBER
Name T2 SYSTEMS, INC.
Address 8900 KEYSTONE CROSSING, STE. 700

City-State-Zip: INDIANAPOLIS IN 46240

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KRISTIN WILLIAMS

ASST. SECRETARY

03/26/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date