

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 831675

**Entity Name:** RECOVERY SERVICES INTERNATIONAL, INC.**Current Principal Place of Business:**436 WALNUT STREET  
TAX DEPT. WB12A  
PHILADELPHIA, PA 19106**Current Mailing Address:**436 WALNUT STREET  
TAX DEPT. WB12A  
PHILADELPHIA, PA 19106 US**FEI Number:** 23-0618365**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S. 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**Officer/Director Detail :**

Title	PD
Name	PATTERSON, DAVID K
Address	436 WALNUT STREET
City-State-Zip:	PHILADELPHIA PA 19106

Title	SVP
Name	FRANK, MURRAY
Address	436 WALNUT STREET
City-State-Zip:	PHILADELPHIA PA 19106

Title	T
Name	JORDAN, JOSEPH
Address	436 WALNUT STREET
City-State-Zip:	PHILADELPHIA PA 19106

Title	AS
Name	FORD, JAMES T
Address	436 WALNUT STREET
City-State-Zip:	PHILADELPHIA PA 19106

Title	D
Name	GREGORY, PENNELL T
Address	436 WALNUT STREET
City-State-Zip:	PHILADELPHIA PA 19106

Title	S
Name	FLEMING, JOHN J
Address	436 WALNUT STREET
City-State-Zip:	PHILADELPHIA PA 19106

*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 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 all other like empowered.*

**SIGNATURE:** JAMES T. FORD**ASSISTANT SECRETARY** 04/28/2014\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date