

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005825

Entity Name: AXCESS RECOVERY AND CREDIT SOLUTIONS, INC.

Current Principal Place of Business:

7755 MOTGOMERY RD, STE 400
CINCINNATI, OH 45236

Current Mailing Address:

7755 MOTGOMERY RD, STE 400
CINCINNATI, OH 45236

FEI Number: 26-1340543

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

Officer/Director Detail :

Title PC
Name WILLIAMS, JERRY R
Address 7755 MOTGOMERY RD, STE 400
City-State-Zip: CINCINNATI OH 45236

Title VCS
Name SCHALLER, STEPHEN J
Address 7755 MOTGOMERY RD, STE 400
City-State-Zip: CINCINNATI OH 45236

Title T
Name DEAN, ROGER W
Address 7755 MOTGOMERY RD, STE 400
City-State-Zip: CINCINNATI OH 45236

Title VP
Name CLARK, DOUGLAS D
Address 7755 MONTGOMERY ROAD, SUITE 400
City-State-Zip: CINCINNATI OH 45236

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: STEPHEN SCHALLER

SECRETARY

04/24/2013

Electronic Signature of Signing Officer/Director Detail

Date