

2015 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F97000003204

Entity Name: ENTERPRISE RECOVERY SYSTEMS, INC.**Current Principal Place of Business:**840 S. FRONTAGE ROAD
WOODRIDGE, IL 60517**Current Mailing Address:**840 S. FRONTAGE ROAD
WOODRIDGE, IL 60517 US**FEI Number:** 36-3594864**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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	CFO/TREASURER/DIRECTOR
Name	WILLIAMS, GEORGE
Address	25618 GREENWELL SPRINGS LANE
City-State-Zip:	KATY TX 77494

Title	SECRETARY
Name	RECCHIA, STEVEN
Address	2000 S YORK ROAD SUITE 114
City-State-Zip:	OAK BROOK IL 60523

Title	DIRECTOR
Name	STRACHAN, MICHAEL
Address	5800 NORTH COURSE DR.
City-State-Zip:	HOUSTON TX 77072

Title	DIRECTOR
Name	KELEGHAN, KEVIN
Address	2000 S YORK ROAD SUITE 114
City-State-Zip:	OAK BROOK IL 60523

Title	COO
Name	DICKSON, SEAN
Address	28 RUFFLED FEATHER DR
City-State-Zip:	LEMONT IL 60439

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: GEORGE WILLIAMS

CFO

10/06/2015

Electronic Signature of Signing Officer/Director Detail_____
Date