

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004856

FILED
Feb 09, 2009
Secretary of State

Entity Name: FINANCIAL RECOVERY SERVICES OF MINNESOTA, INC.

Current Principal Place of Business:

4640 W. 77TH STREET SUITE 300
EDINA, MN 55435

New Principal Place of Business:

4900 VIKING DR
EDINA, MN 55435

Current Mailing Address:

4640 W. 77TH STREET SUITE 300
EDINA, MN 55435

New Mailing Address:

P.O. BOX 385908
MINNEAPOLIS, MN 55438

FEI Number: 41-1832405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOWERS, BRIAN C
Address: 4640 W. 77TH STREET SUITE 300
City-St-Zip: EDINA, MN 55435

Title: V () Delete
Name: DAVIS, WADE P
Address: 4640 W. 77TH STREET SUITE 300
City-St-Zip: EDINA, MN 55435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BOWERS, BRIAN C
Address: 4900 VIKING DR
City-St-Zip: EDINA, MN 55435

Title: VP (X) Change () Addition
Name: DAVIS, WADE P
Address: 4900 VIKING DR
City-St-Zip: EDINA, MN 55435

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.

SIGNATURE: BRIAN C. BOWERS

PRES

02/09/2009

Electronic Signature of Signing Officer or Director

Date