

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000007082

FILED
Mar 17, 2010
Secretary of State

Entity Name: NATIONAL ASSET RECOVERY SERVICES, INC.

Current Principal Place of Business:

16253 SWINGLEY RIDGE, SUITE 300
CHESTERFIELD, MO 63017

New Principal Place of Business:

Current Mailing Address:

16253 SWINGLEY RIDGE, SUITE 300
CHESTERFIELD, MO 63017

New Mailing Address:

FEI Number: 43-1656380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEXIS DOCUMENT SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: PRES
Name: BUEHRLE, CHRISTOPHER H
Address: 16253 SWINGLEY RIDGE, SUITE 300
City-St-Zip: CHESTERFIELD, MO 63017

Title: VP
Name: CAPPA, GREGORY A
Address: 16253 SWINGLEY RIDGE, SUITE 300
City-St-Zip: CHESTERFIELD, MO 63017

Title: S/T/
Name: JUNIEWICZ, MICHAEL
Address: 16253 SWINGLEY RIDGE, SUITE 300
City-St-Zip: CHESTERFIELD, MO 63017

Title: D
Name: KRISLAV, ROMAN
Address: 16253 SWINGLEY RIDGE, SUITE 300
City-St-Zip: CHESTERFIELD, MO 63017

Title: D
Name: ZANARINI, JEFFREY
Address: 16253 SWINGLEY RIDGE, SUITE 300
City-St-Zip: CHESTERFIELD, MO 63017

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: CHRISTOPHER H. BUEHRLE

PRES

03/17/2010

Electronic Signature of Signing Officer or Director

Date