


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # F01000002942		
1. Entity Name ALLIANCE RECOVERY MANAGEMENT, INC.		
Principal Place of Business 800 TECHCENTER DR COLUMBUS, OH 43230	Mailing Address 800 TECHCENTER DR COLUMBUS, OH 43230	



04132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1754411	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SZEFTTEL, IVAN M 800 TECHCENTER DR COLUMBUS, OH 43230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHUMACHER JR, RICHARD E 800 TECHCENTER DR COLUMBUS, OH 43230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS UTAY, ALAN M 17555 WATERVIEW PKWY DALLAS, TX 75252
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KACHIC, KENNETH E 220 WEST SCHROCK RD WESTERVILLE, OH 43081
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GROOMES, DANIEL T 800 TECHCENTER DR COLUMBUS, OH 43230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KUBIC, MICHAEL D 17555 WATERVIEW PKWY DALLAS, TX 75252

000000747250
05/17/07-80017-020 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SVP** **4-13-07** **614-729-4678**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #