


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90407 023 ***150.00

DOCUMENT # F01000002942	
1. Entity Name ALLIANCE RECOVERY MANAGEMENT, INC.	

40087628



Principal Place of Business 800 TECHCENTER DR COLUMBUS, OH 43230	Mailing Address 800 TECHCENTER DR COLUMBUS, OH 43230
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2. Principal Place of Business - No P.O. Box # 3100 Easton Square Place	3. Mailing Address 3100 Easton Square Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Columbus, OH	City & State Columbus, OH
Zip 43219	Country USA
Zip 43219	Country USA

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SZEFTTEL, IVAN M 800 TECHCENTER DR COLUMBUS, OH 43230 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3100 Easton Square Place Columbus, OH 43219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHUMACHER JR, RICHARD E 800 TECHCENTER DR COLUMBUS, OH 43230 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3100 Easton Square Place Columbus, OH 43219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS UTAY, ALAN M 17655 WATERVIEW PKWY DALLAS, TX 75252 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VS Hugh M. Hayden 3100 Easton Square place Columbus, OH 43219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KACHIC, KENNETH E 220 WEST SCHROCK RD WESTERVILLE, OH 43081 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GROOMES, DANIEL T 800 TECHCENTER DR COLUMBUS, OH 43230 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3100 Easton Square place Columbus, OH 43219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KUBIC, MICHAEL D 17655 WATERVIEW PKWY DALLAS, TX 75252 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V Coane, John J. 3100 Easton Square Place Columbus, OH 43219

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: Richard E. Schumacher, Jr. Date: 4-11-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR