

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002942

FILED
Apr 04, 2011
Secretary of State

Entity Name: ALLIANCE RECOVERY MANAGEMENT, INC.

Current Principal Place of Business:

3100 EASTON SQUARE PLACE
COLUMBUS, OH 43219

New Principal Place of Business:

Current Mailing Address:

3100 EASTON SQUARE PLACE
COLUMBUS, OH 43219

New Mailing Address:

FEI Number: 31-1754411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

OFFICERS AND DIRECTORS:

Title: PD
Name: SZEFTEL, IVAN M
Address: 3100 EASTON SQUARE PLACE
City-St-Zip: COLUMBUS, OH 43219

Title: V
Name: SCHUMACHER, RICHARD E JR.
Address: 3100 EASTON SQUARE PLACE
City-St-Zip: COLUMBUS, OH 43219

Title: VS
Name: HAYDEN, HUGH M
Address: 3100 EASTON SQUARE PLACE
City-St-Zip: COLUMBUS, OH 43219

Title: T
Name: KACHIC, KENNETH E
Address: 220 WEST SCHROCK RD
City-St-Zip: WESTERVILLE, OH 43081

Title: VD
Name: GROOMES, DANIEL T
Address: 3100 EASTON SQUARE PLACE
City-St-Zip: COLUMBUS, OH 43219

Title: V
Name: COANE, JOHN J
Address: 3100 EASTON SQUARE PLACE
City-St-Zip: COLUMBUS, OH 43219

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: RICHARD E. SCHUMACHER, JR.

SVP

04/04/2011

Electronic Signature of Signing Officer or Director

Date