

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90065 043 ***150.00

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. 1815 CHANDLERSVILLE RD City & State ZANESVILLE, OH Zip 43701 Country USA	3. Mailing Address Suite, Apt. #, etc. 800 TECHCENTER DRIVE City & State GAHANNA, OH Zip 43230 Country USA
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DO NOT WRITE IN THIS SPACE

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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

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

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.
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	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			
TITLE PD NAME SZEFTTEL, IVAN M. STREET ADDRESS 17655 WATERVIEW PARKWAY CITY - ST - ZIP DALLAS, TX 75252	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	TITLE V NAME SCHUMACHER, RICHARD E. JR. STREET ADDRESS 800 TECHCENTER DRIVE CITY - ST - ZIP GAHANNA, OH 43230	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE S NAME UTAY, ALAN M. STREET ADDRESS 17655 WATERVIEW PARKWAY CITY - ST - ZIP DALLAS, TX 75252	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	TITLE T NAME KACHIC, KENNETH E. STREET ADDRESS 220 WEST SCHROCK ROAD CITY - ST - ZIP WESTERVILLE, OH 43081	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE VD NAME GROOMES, DANIEL T. STREET ADDRESS 800 TECHCENTER DRIVE CITY - ST - ZIP GAHANNA, OH 43230	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	TITLE V NAME KUBIC, MICHAEL D. STREET ADDRESS 17655 WATERVIEW PARKWAY CITY - ST - ZIP DALLAS, TX 75252	TITLE NAME STREET ADDRESS CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.
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SIGNATURE: <i>[Signature]</i> CPA VP-CORP TAX SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4-18-03	Daytime Phone # 614-724-4628
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CR2E034B (12/02)