

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004655

FILED
Apr 06, 2005
Secretary of State

Entity Name: COMPREHENSIVE RECEIVABLES GROUP, INC.

Current Principal Place of Business:

5815 EAST CLARK ROAD
BATH, MI 48808

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2503
EAST LANSING, MI 48826

New Mailing Address:

FEI Number: 38-2864952 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
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: P () Delete
Name: EBERT, LARRY S
Address: 236 EAST TOWN STREET
City-St-Zip: COLUMBUS, OH 43215

Title: VP () Delete
Name: PETERSON, MARCIA A
Address: 5815 EAST CLARK ROAD
City-St-Zip: BATH, MI 48808

Title: ST () Delete
Name: CANTRELL, DIRK M
Address: 250 EAST TOWN STREET
City-St-Zip: COLUMBUS, OH 43215

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: PRICE, WILLIAM H
Address: 250 EAST TOWN STREET
City-St-Zip: COLUMBUS, OH 43215

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DIRK M CANTRELL

ST

04/06/2005

Electronic Signature of Signing Officer or Director

_____ Date