

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001155

FILED
Mar 19, 2009
Secretary of State

Entity Name: AEGIS RECEIVABLES MANAGEMENT INC.

Current Principal Place of Business:

851 IRWIN STREET
SUITE 304
SAN RAFAEL, CA 94901 US

New Principal Place of Business:

Current Mailing Address:

851 IRWIN STREET
SUITE 304
SAN RAFAEL, CA 94901 US

New Mailing Address:

FEI Number: 36-4488668 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: FERRY, RICHARD
Address: 851 IRWIN ST. STE 304
City-St-Zip: SAN RAFAEL, CA 94901

Title: D () Delete
Name: RAMASAMY, KANAAN
Address: 851 IRWIN ST. STE 304
City-St-Zip: SAN RAFAEL, CA 94901

Title: S () Delete
Name: SNYDER, ARM
Address: 851 IRWIN ST. STE 304
City-St-Zip: SAN RAFAEL, CA 94901 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: SNYDER, ANN
Address: 851 IRWIN ST. STE 304
City-St-Zip: SAN RAFAEL, CA 94901 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANN SNYDER

S

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date