

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002171

FILED
Mar 31, 2009
Secretary of State

Entity Name: PIONEER CREDIT RECOVERY, INC.

Current Principal Place of Business:

26 EDWARD ST
ARCADE, NY 14009

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 100
ARCADE, NY 14009

New Mailing Address:

20 PARKER LANE
ATTN: LICENSING
PERRY, NY 14530

FEI Number: 30-0002602

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: PRES () Delete
Name: WICKLINE, JR., ERNEST H
Address: 26 EDWARD ST
City-St-Zip: ARCADE, NY 14009

Title: SEC () Delete
Name: EURE, MARY
Address: 12061 BLUEMONT AY
City-St-Zip: RESTON, VA 20190

Title: TRES () Delete
Name: FREDA, JOSEPH
Address: 12061 BLUEMONT WAY
City-St-Zip: RESTON, VA 20190

Title: D () Delete
Name: LUDWICK, JOAN
Address: 26 EDWARD STREET
City-St-Zip: ARCADE, NY 14009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TRES (X) Change () Addition
Name: HARENDA, ANTHONY
Address: 12061 BLUEMONT WAY
City-St-Zip: RESTON, VA 20190

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

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: MARY EURE

SEC

03/31/2009

Electronic Signature of Signing Officer or Director

Date