## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000004121

COX, CAROLYN

DALLAS, TX 75228

8035 EAST R.L. THORNTON FREEWAY, STE 316

Name:

Address:

City-St-Zip:

Entity Name: COMMERCIAL RECOVERY SYSTEMS INC.

FILED Jan 20, 2004 Secretary of State

Littly Na	ine. Colvilvici	RCIAL RECOVERT STSTEMS,	IIVO.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
8035 EAST DALLAS,		ITON, SUITE 220			
Current Mailing Address:			New Mailing Address:		
P.O. BOX DALLAS,	570909 FX 753570909	)			
FEI Number	: 75-2547093	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US					
	named entity e of Florida.	submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			nt	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	FORD, TIM	) Delete THORNTON FREEWAY, STE 305 5228	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DEVANY, DAV	THORNTON FREEWAY, STE 216	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	THUNHORST,	THORNTON FREEWAY, STE 316	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	Т (	) Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: WADE A. THUNHORST S 01/20/2004