

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 08, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # F03000005444**

1. Entity Name  
**ALLIANCE SETTLEMENT SERVICES COMPANY**



Principal Place of Business  
**998 OLD EAGLE SCHOOL ROAD, SUITE 1204  
WAYNE, PA 19087**

Mailing Address  
**998 OLD EAGLE SCHOOL ROAD, SUITE 1204  
WAYNE, PA 19087**



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>74-3072886</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	CDP
NAME	RITCHIE, CHRISTOPHER G
STREET ADDRESS	998 OLD EAGLE SCHOOL ROAD, SUITE 1204
CITY-ST-ZIP	WAYNE, PA 19087

TITLE	DST
NAME	SPANO, RICK
STREET ADDRESS	998 OLD EAGLE SCHOOL ROAD, SUITE 1204
CITY-ST-ZIP	WAYNE, PA 19087

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/2/2006**  
Date

Daytime Phone #