


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90046 030 \*\*\*150.00

<b>DOCUMENT # F04000001664</b>					
1. Entity Name GLOBAL RECOVERY SERVICES INDIA PRIVATE LIMITED CO.					
Principal Place of Business HIRANDANI BUSINESS PARK, 3RD FLOOR FAIRMONT BLDG. POWAI, MUMBOI, INDIA, 40007-6			Mailing Address HIRANDANI BUSINESS PARK, 3RD FLOOR FAIRMONT BLDG. POWAI, MUMBOI, INDIA, 40007-6		
2. Principal Place of Business		3. Mailing Address <b>8501 N Scottsdale Rd</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>300</b>			
City & State		City & State <b>Scottsdale, AZ</b>			
Zip	Country	Zip	Country	4. FEI Number <b>98-0417441</b>	
<b>85253</b>		<b>85253</b>		Applied For <input type="checkbox"/> 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			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLANAGAN, KATHLEEN		NAME		
STREET ADDRESS	8501 N SCOTTSDALE ROAD, SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	SCOTTSDALE, AZ 85253		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRESHAM, GEORGE W		NAME		
STREET ADDRESS	8501 N SCOTTSDALE ROAD, SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	SCOTTSDALE, AZ 85253		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LESSER, JESSICA E		NAME	<b>Secretary</b>	
STREET ADDRESS	8501 N SCOTTSDALE ROAD, SUITE 300		STREET ADDRESS	<b>Juliet Lim</b>	
CITY-ST-ZIP	SCOTTSDALE, AZ 85253		CITY-ST-ZIP	<b>8501 N Scottsdale Rd #300</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALSH, PAUL F		NAME		
STREET ADDRESS	8501 N SCOTTSDALE ROAD, SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	SCOTTSDALE, AZ 85253		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLANAGAN, KATHLEEN		NAME		
STREET ADDRESS	8501 N SCOTTSDALE ROAD, SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	SCOTTSDALE, AZ 85253		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUNWAR, ATUL		NAME		
STREET ADDRESS	HIRANDANI BUSINESS PARK, 3RD FLOOR		STREET ADDRESS		
CITY-ST-ZIP	POWAI, MUMBOI, INDIA, 400076		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 or without other like empowered.					
SIGNATURE: _____			Treasurer <b>2-09-05 480-629-1455</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		