


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90076 050 ***150.00

DOCUMENT # F04000001664	
1. Entity Name GLOBAL RECOVERY SERVICES INDIA PRIVATE LIMITED CO.	

Principal Place of Business 5TH FLOOR, INFINITY TOWERS RAHEJA CORPORATE PARK, MALAD LINK RD. MALAD WEST, MUMBAI, IN 40006-4 IN	Mailing Address % EFUNDS CORPORATION 8501 N. SCOTTSDALE RD. SUITE 300 SCOTTSDALE, AZ 85253
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address % Efunas Corporation
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Scottsdale, AZ
Zip	Zip 85251
Country	Country United States

04162007 Chg-P CR2E034 (12/06)

4. FEI Number 98-0417441	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 FL Zip Code
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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 date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLANAGAN, KATHLEEN 8501 N SCOTTSDALE ROAD, SUITE 300 SCOTTSDALE, AZ 85253 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Nelson Enen 4900 N. Scottsdale Rd. Ste. 1000 Scottsdale, AZ 85251 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRESHAM, GEORGE W 8501 N SCOTTSDALE ROAD, SUITE 300 SCOTTSDALE, AZ 85253 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4900 N. Scottsdale Rd. Ste. 1000 Scottsdale, AZ 85251 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIM, JULIET 8501 N SCOTTSDALE ROAD, SUITE 300 SCOTTSDALE, AZ 85253 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, PAUL F 8501 N SCOTTSDALE ROAD, SUITE 300 SCOTTSDALE, AZ 85253 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4900 N. Scottsdale Rd. Ste. 1000 Scottsdale, AZ 85251 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLANAGAN, KATHLEEN 8501 N SCOTTSDALE ROAD, SUITE 300 SCOTTSDALE, AZ 85253 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP John Poole 4900 N. Scottsdale Rd. Ste. 1000 Scottsdale, AZ 85251 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 lines empowered.

SIGNATURE: George Gresham 4/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #