

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # F04000002121

1. Entity Name
PRA SERVICES CORPORATION



Principal Place of Business
**2600 PROFESSIONALS DR.
OKEMOS, MI 48864**

Mailing Address
**100 BROOKWOOD PLACE
BIRMINGHAM, AL 35209**

DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number
38-2684456

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, STEVE
2801 SOUTHWEST 149 AVE. SUITE 200
MIRAMAR, FL 33027**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
ADAMO, VICTOR T
100 BROOKWOOD PLACE
BIRMINGHAM, AL 35209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
THOMAS, DARRYL K
100 BROOKWOOD PLACE
BIRMINGHAM, AL 35209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
NEVILLE, KATHRYN A
100 BROOKWOOD PLACE
BIRMINGHAM, AL 35209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MORELLO, JAMES J
100 BROOKWOOD PLACE
BIRMINGHAM, AL 35209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000792817
01/24/08-80019-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Kathryn A. Neville
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2008 205/877-4400
Date Daytime Phone #