

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003358

FILED
Mar 19, 2009
Secretary of State

Entity Name: SPECIALIZED RECEIVABLES, INC.

Current Principal Place of Business:

THREE CITYPLACE DRIVE, STE. 690
ST. LOUIS, MO 63141

New Principal Place of Business:

Current Mailing Address:

THREE CITYPLACE DRIVE, STE. 690
ST. LOUIS, MO 63141

New Mailing Address:

FEI Number: 04-2928724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ROTONDI, SAMUEL
Address: 148 COMMONWEALTH AVE., #401
City-St-Zip: BOSTON, MA 02116

Title: COO () Delete
Name: MOLETTIERE, LOUIS A
Address: 29 NORTHSTONE ROAD, #4
City-St-Zip: SWAMPSCOTT, MA 01907

Title: CEO () Delete
Name: DIMARCO, MICHAEL
Address: 3 CITY PLACE DR, SUITE 690
City-St-Zip: ST LOUIS, MO 63141

Title: SECR () Delete
Name: HAZ, PATRICK
Address: 3 CITYPLACE DR, SUITE 690
City-St-Zip: ST LOUIS, MO 63141

Title: ASEC () Delete
Name: ROWLAND, MARK
Address: 3 CITYPLACE DR, SUITE 690
City-St-Zip: ST LOUIS, MO 63141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: MARK ROWLAND

CFO

03/19/2009

Electronic Signature of Signing Officer or Director

Date