

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90001 038 ***150.00

DOCUMENT # F07000002117

1. Entity Name
CSG RECOVERY, INC.



Principal Place of Business
**475 MARKET STREET
1ST FLOOR
ELMWOOD PARK, NJ 07407**

Mailing Address
**475 MARKET STREET
1ST FLOOR
ELMWOOD PARK, NJ 07407**

40033163



2. Principal Place of Business - No P.O. Box #
2200 FLETCHER AVENUE

3. Mailing Address
2200 FLETCHER AVENUE

Suite, Apt. #, etc.
5TH FLOOR

Suite, Apt. #, etc.
5TH FLOOR

02062008 Chg-P CR2E034 (12/06)

City & State
FORT LEE, NJ

City & State
FORT LEE, NJ

4. FEI Number
20-8489884

Applied For
☐ Not Applicable

Zip
07024

Country

Zip
07024

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR
STE 4
WESTON, FL 33331**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

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	CP GOLDBERG, DAVID S 475 MARKET STREET, 1ST FLOOR ELMWOOD PARK, NJ 07407	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HANAUER, JEREMY 475 MARKET STREET, 1ST FLOOR ELMWOOD PARK, NJ 07407	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MASON, JOSHUA 475 MARKET STREET, 1ST FLOOR ELMWOOD PARK, NJ 07407	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	2200 FLETCHER AVENUE, 5TH FLOOR FORT LEE, NJ 07024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	HANAUER, JEREMY 2200 FLETCHER AVENUE, 5TH FLOOR FORT LEE, NJ 07024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY HANAUER, JEREMY 2200 FLETCHER AVENUE, 5TH FLOOR FORT LEE, NJ 07024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input 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 like empowered.

SIGNATURE:

[Signature]

DAVID S. GOLDBERG, PRESIDENT

2/8/08

(201) 592-0724

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #