

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005825

FILED  
Apr 06, 2010  
Secretary of State

**Entity Name:** AXCESS RECOVERY AND CREDIT SOLUTIONS, INC.

**Current Principal Place of Business:**

7755 MOTGOMERY RD, STE 400  
CINCINNATI, OH 45236

**New Principal Place of Business:**

**Current Mailing Address:**

7755 MOTGOMERY RD, STE 400  
CINCINNATI, OH 45236

**New Mailing Address:**

**FEI Number:** 26-1340543      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PC  
Name: WILLIAMS, JERRY R  
Address: 7755 MOTGOMERY RD, STE 400  
City-St-Zip: CINCINNATI, OH 45236

Title: VCS  
Name: SCHALLER, STEPHEN J  
Address: 7755 MOTGOMERY RD, STE 400  
City-St-Zip: CINCINNATI, OH 45236

Title: T  
Name: DEAN, ROGER W  
Address: 7755 MOTGOMERY RD, STE 400  
City-St-Zip: CINCINNATI, OH 45236

Title: VP  
Name: CLARK, DOUGLAS D  
Address: 7755 MONTGOMERY ROAD, SUITE 400  
City-St-Zip: CINCINNATI, OH 45236

I hereby 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 all other like empowered.

SIGNATURE: STEPHEN J SCHALLER

VCS

04/06/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date