

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005825

FILED
Apr 16, 2012
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

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

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04/16/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date