2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 30, 2012
Secretary of State

DOCUMENT# F10000001098

Entity Name: ALLIANCE COLLECTION SERVICE, INC.

Current Principal Place of Business:

600 W. MAIN STREET, STE. A
TUPELO, MS 38801 US

New Principal Place of Business:

600 W. MAIN STREET, STE. A
TUPELO, MS 38804 US

Current Mailing Address:

600 W. MAIN STREET, STE. A
TUPELO, MS 38801 US

New Mailing Address:

600 W. MAIN STREET, STE. A
TUPELO, MS 38804 US

FEI Number: 64-0858320 **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: D
Name: CHAMBERS, JEFFREY D
Address: 600 W. MAIN STREET, STE. A
City-St-Zip: TUPELO, MS 38804 US

Title: CFO
Name: MONAGHAN, HALEY CFO
Address: 600 W. MAIN STREET, STE. A
City-St-Zip: TUPELO, MS 38804 US

Title: DST
Name: ROGERS, III, HERBERT DST
Address: 600 W. MAIN STREET, STE. A
City-St-Zip: TUPELO, MS 38804 US

Title: VP
Name: ROGERS, III, HERBERT
Address: 600 W. MAIN STREET, STE. A
City-St-Zip: TUPELO, MS 38804 US

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: JEFF CHAMBERS PRES 04/30/2012

Electronic Signature of Signing Officer or Director Date