

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002901

FILED
Mar 21, 2006
Secretary of State

Entity Name: TRS RECOVERY SERVICES, INC.

Current Principal Place of Business:

6200 S. QUEBEC STREET
GREENWOOD VILLAGE, CO 801114729 US

New Principal Place of Business:

Current Mailing Address:

6200 S. QUEBEC ST.
REGULATORY REPORTING SUITE 330
GREENWOOD VILLAGE, CO 80111 US

New Mailing Address:

6200 S. QUEBEC ST.
REGULATORY REPORTING SUITE 240
GREENWOOD VILLAGE, CO 80111 US

FEI Number: 58-2014180

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 32301 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: DPS () Delete
Name: WHITNEY, JOE
Address: 5251 WESTMEINER
City-St-Zip: HOUSTON, TX 77056

Title: AVP () Delete
Name: MOORE, THOMAS L
Address: 6200 S. QUEBEC ST.
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: TCFO () Delete
Name: MOONEY, BRIAN V
Address: 12500 E. MT. BELFORD AVENUE
City-St-Zip: ENGLEWOOD, CO 80112

Title: AS () Delete
Name: SKENE-STIMAC, PHYLLIS
Address: 6200 S. QUEBEC ST.
City-St-Zip: GREENWOOD VILLAGE, CO 80111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TCFO (X) Change () Addition
Name: MOONEY, BRIAN V
Address: 12500 E. BELFORD AVENUE
City-St-Zip: ENGLEWOOD, CO 80112

Title: AS (X) Change () Addition
Name: AYRES, NICOLE M
Address: 6200 S. QUEBEC ST.
City-St-Zip: GREENWOOD VILLAGE, CO 80111

I hereby certify that the information supplied with this filing does not qualify for the 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: NICOLE M. AYRES

AS

03/21/2006

Electronic Signature of Signing Officer or Director

Date