

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000181

FILED
Jan 15, 2008
Secretary of State

Entity Name: A.R.C ACCOUNTS RECOVERY (U.S.A.) CORPORATION LLC

Current Principal Place of Business:

4240 GLANFORD AVE
VICTORIA, CANADA, BC V8Z 4B8 XX

New Principal Place of Business:

Current Mailing Address:

4240 GLANFORD AVE
100
VICTORIA, CANADA, BC V8Z 0A1 XX

New Mailing Address:

FEI Number: 98-0377553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA FILING & SEARCH SERVICES
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

FLORIDA FILING & SEARCH SERVICES
1333 NORTH DUVAL STREET
SUITE A
TALLAHASSEE, FL 32302 US

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:

01/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MEMB () Delete
Name: POLARD, JOSEPH M MANAGER
Address: 4240 GLANFORD AVE, SUITE 100
City-St-Zip: VICTORIA, B.C., CANADA, BC V8Z 0A1

Title: MEMB () Delete
Name: POLARD, MAURICE J PRESIDE
Address: 4240 GLANFORD AVE, SUITE 100
City-St-Zip: VICTORIA, BC, CANADA, BC V8Z 0A1

Title: MEMB () Delete
Name: LUNDSTROM, KAREN J TREASUR
Address: 4240 GLANFORD AVE, SUITE 100
City-St-Zip: VICTORIA, B.C., CANADA, BC V8Z 0A1

Title: MEMB () Delete
Name: MACDONALD, MICHELLE L SECRETA
Address: 4240 GLANFORD AVE, SUITE 100
City-St-Zip: VICTORIA, B.C., CANADA, BC V8Z 0A1

ADDITIONS/CHANGES:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHELLE MACDONALD

MEMB

01/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date