

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90244 022 ****55.00

DOCUMENT # M03000003079

1. Entity Name
**CREDITORS INTERCHANGE RECEIVABLE
MANAGEMENT, LLC**



Principal Place of Business
**80 HOLTZ DRIVE
CHEEKTOWAGA, NY 14225**

Mailing Address
**80 HOLTZ DRIVE
CHEEKTOWAGA, NY 14225**

DO NOT WRITE IN THIS SPACE



01312006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0024757

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEXISNEXIS DOCUMENT SOLUTIONS INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
YOUNG, DAVID G
80 HOLTZ DRIVE
CHEEKTOWAGA, NY 14225**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GRAY, BRUCE H
80 HOLTZ DRIVE
CHEEKTOWAGA, NY 14225**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
~~DAVID W. THOMAS~~
~~80 HOLTZ DRIVE~~
~~CHEEKTOWAGA, NY 14225~~**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GOOD, NATHEN J
80 HOLTZ DRIVE
CHEEKTOWAGA, NY 14225**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 Bruce H. Gray Member

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-1-06
Date

(716) 614-7500
Daytime Phone #