2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# M08000000734

Entity Name: PPS-COLLECTION SERVICES DIVISION, LLC

Current Principal Place of Business:

272 N. 12TH ST.
MILWAUKEE, WI 53233

New Principal Place of Business:

Current Mailing Address:

PO BOX 612
MILWAUKEE, WI 53233

New Mailing Address:

FEI Number: 39-1931137 **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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JOHNSON, CRAIG GERRIT
Address: 316 N. MILWAUKEE STREET, STE. 410
City-St-Zip: MILWAUKEE, WI 53202

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: JOHNSON, CRAIG GERRIT
Address: 272 N 12TH STREET
City-St-Zip: MILWAUKEE, WI 53233

Title: MGRM ( ) Change (X) Addition
Name: JOHNSON, IRINA
Address: 272 N 12TH STREET
City-St-Zip: MILWAUKEE, WI 53233

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: CRAIG JOHNSON MGRM 04/21/2009

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