## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000043183

Entity Name: PFC RECEIVABLES, INC.

FILED Apr 02, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
PEB 17B5	LMINGTON ST , , NC 27601	REET				
Current Mailing Address:			New Maili	New Mailing Address:		
PEB 17B5	LMINGTON ST , NC 27601	REET				
FEI Number	: 20-2610740	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	current Registered Agent:	Name and	Address o	f New Registered Agent:	
1201 HAY	ATION SERVIC S STREET SSEE, FL 323					
	e named entity : e of Florida.	submits this statement for the	e purpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATU	RE:					
	Electror	ic Signature of Registered A	gent		Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGE	S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DVP ( ) FOUNTAIN, DA 410 S. WILMIN RALEIGH, NC	GTON STREET	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	DT ( ) SULLIVAN, THO 410 S. WILMIN RALEIGH, NC	GTON STREET	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P ( ) HATCHER, DA\ 410 S. WILMIN RALEIGH, NC	GTON STREET	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name:	SCHILLER, FR	Delete ANK A GTON STREET	Title: Name: Address:		( ) Change ( ) Addition	
Address: City-St-Zip:	RALEIGH, NC	27601	City-St-Zip:			
	RALEIGH, NC	Delete E, SHERRI L LMINGTON ST	Title: Name: Address: City-St-Zip:	AT GREEN, SHI 410 SOUTH RALEIGH, N	WILMINGTON ST	

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 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: ARLENE S. GRAVES AS 04/02/2009