

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000181

Entity Name: A.R.C ACCOUNTS RECOVERY (U.S.A.) CORPORATION LLC**Current Principal Place of Business:**4240 GLANFORD AVENUE
VICTORIA, BC V8Z 4B8**Current Mailing Address:**4240 GLANFORD AVENUE
SUITE 100
VICTORIA, BC V8Z 0A1 CA**FEI Number:** 98-0377553**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FLORIDA FILING & SEARCH SERVICES
155 OFFICE PLAZA DR
SUITE A
TALLAHASSEE, FL 32301 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MANAGER
Name	POLARD, JOE
Address	4240 GLANFORD AVENUE
City-State-Zip:	VICTORIA V8Z 4B8

Title	MGRM
Name	LUNDSTROM, KAREN J
Address	4240 GLANFORD AVENUE
City-State-Zip:	VICTORIA V8Z 4B8

Title	MGRM
Name	MACDONALD, MICHELLE L
Address	4240 GLANFORD AVENUE
City-State-Zip:	VICTORIA V8Z 4B8

Title	MGRM
Name	OGILVIE, MICHAEL
Address	700-1001 SHERBROOKE ST
City-State-Zip:	MONTREAL QUEBEC H2L1L3

Title	MGRM
Name	NOVOSAD, JIM
Address	5059 E OAKHURST WAY
City-State-Zip:	SCOTTSDALE AZ 85254

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHELLE MACDONALD**MEMBER/SECRETARY****04/22/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date