

**2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000001857

**Entity Name:** INCHARGE DEBT SOLUTIONS, INC.**Current Principal Place of Business:**5750 MAJOR BLVD.  
SUITE 300  
ORLANDO, FL 32819**Current Mailing Address:**5750 MAJOR BLVD.  
SUITE 300  
ORLANDO, FL 32819 US**FEI Number:** 33-0770440**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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**Officer/Director Detail :**

|                 |                               |
|-----------------|-------------------------------|
| Title           | TREASURER, SECRETARY          |
| Name            | MALSEED, WILLIAM              |
| Address         | 5750 MAJOR BLVD.<br>SUITE 300 |
| City-State-Zip: | ORLANDO FL 32819              |

|                 |                               |
|-----------------|-------------------------------|
| Title           | TRUSTEE                       |
| Name            | WHITELAW, VERONICA S          |
| Address         | 5750 MAJOR BLVD.<br>SUITE 300 |
| City-State-Zip: | ORLANDO FL 32819              |

|                 |                               |
|-----------------|-------------------------------|
| Title           | PRESIDENT, CEO                |
| Name            | MONEY, ETTA                   |
| Address         | 5750 MAJOR BLVD.<br>SUITE 300 |
| City-State-Zip: | ORLANDO FL 32819              |

|                 |                               |
|-----------------|-------------------------------|
| Title           | TRUSTEE                       |
| Name            | RITZER, LONNIE M              |
| Address         | 5750 MAJOR BLVD.<br>SUITE 300 |
| City-State-Zip: | ORLANDO FL 32819              |

|                 |                               |
|-----------------|-------------------------------|
| Title           | TRUSTEE                       |
| Name            | KOCH, MIKE                    |
| Address         | 5750 MAJOR BLVD.<br>SUITE 300 |
| City-State-Zip: | ORLANDO FL 32819              |

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM MALSEED**SECRETARY****03/27/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date