

2017 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P10702

Entity Name: PERFORMANT RECOVERY, INC.

Current Principal Place of Business:

333 NORTH CANYONS PKWY
SUITE 100
LIVERMORE, CA 94551

Current Mailing Address:

ATTN: BARBARA ROBINSON
333 N. CANYONS PKWY, SUITE 100
LIVERMORE, CA 94551 US

FEI Number: 94-2370483

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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 CEO, SECRETARY, DIRECTOR
Name IM, LISA
Address 333 NORTH CANYONS PKWY, STE 100
City-State-Zip: LIVERMORE CA 94551

Title COO
Name HAUGHTON, JEFFREY R
Address 333 NORTH CANYONS PKWY SUITE 100
City-State-Zip: LIVERMORE CA 94551

Title PRESIDENT
Name LEACH, HAROLD T. JR.
Address 333 NORTH CANYONS PKWY, STE 100
City-State-Zip: LIVERMORE CA 94551

Title CHIEF ACCOUNTING OFFICER AND TREASURER
Name JOHNSTON, IAN A
Address 333 NORTH CANYONS PKWY SUITE 100
City-State-Zip: LIVERMORE CA 94551

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HAROLD T. LEACH, JR.

PRESIDENT

11/10/2017

Electronic Signature of Signing Officer/Director Detail

Date