2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2014
Secretary of State
CC9847604609

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: SHRONDA ALLEN,333 NORTH CANYONS PKWY
SUITE 100
LIVERMORE, CA 94551

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	D	Title	VT
Name	IM, LISA	Name	ORVELL, HAKAN
Address	333 NORTH CANYONS PKWY, STE 100	Address	333 NORTH CANYONS PKWY, STE 100
City-State-Zip:	LIVERMORE CA 94551	City-State-Zip:	LIVERMORE CA 94551
Title	DS	Title	ASV
Name	SHAVER, JON DR	Name	CALVIN, BRUCE
Address	333 NORTH CANYONS PKWY, STE 100	Address	333 NORTH CANYONS PKWY, STE 100
City-State-Zip:	LIVERMORE CA 94551	City-State-Zip:	LIVERMORE CA 94551
Title	DP		
Name	LEACH, HAROLD T. JR.		
Address	333 NORTH CANYONS PKWY, STE 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: HAKAN ORVELL TREASURER 04/17/2014

Electronic Signature of Signing Officer/Director Detail — Date