

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000001390

**Entity Name:** CAPITAL RECOVERY SYSTEMS, INC.

**Current Principal Place of Business:**

750 CROSS POINTE ROAD  
SUITE S  
GAHANNA, OH 43230

**Current Mailing Address:**

750 CROSS POINTE ROAD  
SUITE S  
GAHANNA, OH 43230

**FEI Number: 31-1570459**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FANTE, NICK  
1600 FARMINGTON AVENUE  
WELLINGTON, FL 33414 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 P  
Name KLEIN, CRAIG W  
Address 5220 HARBOR POINTE  
City-State-Zip: GALENA OH 43021

Title V  
Name KLEIN, CINDY  
Address 5220 HARBOR POINTE  
City-State-Zip: GALENA OH 43021

Title T  
Name SOVELL, KIM  
Address 7485 RED MAPLE PL  
City-State-Zip: GALENA OH 43021

*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: CRAIG KLEIN**

**PRESIDENT**

**01/22/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date