### 2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001390

Entity Name: CAPITAL RECOVERY SYSTEMS, INC.

Apr 15, 2019 **Secretary of State** 2969633987CC

**FILED** 

### **Current Principal Place of Business:**

750 CROSS POINTE ROAD SUITE S COLUMBUS, OH 43230

# **Current Mailing Address:**

750 CROSS POINTE ROAD SUITE S COLUMBUS, OH 43230 US

FEI Number: 31-1570459 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET 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

### Officer/Director Detail:

Title	PRESIDENT	Title	TREASURER
Name	KLEIN, CRAIG W	Name	KLEIN, CINDY

**5220 HARBOR POINTE** Address Address **5220 HARBOR POINTE** City-State-Zip: GALENA OH 43021 City-State-Zip: GALENA OH 43021

Title VΡ Title **SECRETARY** 

SOVELL, KIM Name JOHNSON, DENNIS Name 5322 HARBOR POINTE DRIVE Address 56 LANGTREE DR. Address

City-State-Zip: PICKERINGTON OH 43147 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.

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT**