

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000001390

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

**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  
Name            KLEIN, CRAIG W  
Address        5220 HARBOR POINTE  
City-State-Zip: GALENA OH 43021

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

Title            SECRETARY  
Name            SOVELL, KIM  
Address        5322 HARBOR POINTE DRIVE  
City-State-Zip: GALENA OH 43021

Title            VP  
Name            JOHNSON, DENNIS  
Address        56 LANGTREE DR.  
City-State-Zip: PICKERINGTON OH 43147

*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**

**03/05/2021**

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

\_\_\_\_\_  
Date