

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001390

FILED  
Jan 14, 2008  
Secretary of State

Entity Name: CAPITAL RECOVERY SYSTEMS, INC.

**Current Principal Place of Business:**

750 CROSS POINTE ROAD  
SUITE S  
GAHANNA, OH 43230

**New Principal Place of Business:**

**Current Mailing Address:**

750 CROSS POINTE ROAD  
SUITE S  
GAHANNA, OH 43230

**New Mailing Address:**

FEI Number: 31-1570459      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

FANTE, NICK  
1600 FARMINGTON AVENUE  
WELLINGTON, FL 33414 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KLEIN, CRAIG W  
Address: 5220 HARBOR POINTE  
City-St-Zip: GALENA, OH 43021

Title: V ( ) Delete  
Name: KLEIN, CINDY  
Address: 5220 HARBOR POINTE  
City-St-Zip: GALENA, OH 43021

Title: T ( ) Delete  
Name: SOVELL, KIM  
Address: 7485 RED MAPLE PL  
City-St-Zip: GALENA, OH 43021

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CRAIG W. KLEIN

PRES

01/14/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date