

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001390

**FILED**  
**Mar 09, 2011**  
**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

**OFFICERS AND DIRECTORS:**

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

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

Title: T  
Name: SOVELL, KIM  
Address: 7485 RED MAPLE PL  
City-St-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: DEBORAH K. DIALBERT

DIR

03/09/2011

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

\_\_\_\_\_ Date