

2014 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

01/08/2014

Electronic Signature of Signing Officer/Director Detail

Date