

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002171

Entity Name: PIONEER CREDIT RECOVERY, INC.

Current Principal Place of Business:

26 EDWARD ST
ARCADE, NY 14009

Current Mailing Address:

2001 EDMUND HALLEY DRIVE
RESSTON, VA 20191 US

FEI Number: 30-0002602

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 MERSMANN, JEFFERY W
Address 26 EDWARD ST
City-State-Zip: ARCADE NY 14009

Title TREASURER
Name TERRY, JOHN A
Address 123 JUSTISON STREET
City-State-Zip: WILMINGTON DE 19808

Title DIR
Name FRAZIER, JACK E
Address 26 EDWARD STREET
City-State-Zip: ARCADE NY 14009

Title VP
Name WILSON, CHAD A
Address 26 EDWARD STREET
City-State-Zip: ARCADE NY 14009

Title SECRETARY
Name BENTON , CARYN L
Address 26 EDWARD STREET
City-State-Zip: ARCADE NY 14009

Title ASSISTANT TREASURER
Name KISS, ERIC
Address 2001 EDMUND HALLEY DRIVE
City-State-Zip: RESTON VA 20191

Title OTHER
Name CASO, STEPHEN
Address 26 EDWARD ST
City-State-Zip: ARCADE NY 14009

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: STEPHEN CASO

AUTH. PERSON

04/26/2016

Electronic Signature of Signing Officer/Director Detail

Date