

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002171

FILED
Jan 13, 2004
Secretary of State

Entity Name: PIONEER CREDIT RECOVERY, INC.

Current Principal Place of Business:

P.O. BOX 100
ARCADE, NY 14009

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 100
ARCADE, NY 14009

New Mailing Address:

FEI Number: 30-0002602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: BALUS, KATHLEEN M
Address: 11720 OLEAN ROAD
City-St-Zip: CHAFFEE, NY 14030

Title: V () Delete
Name: BALUS, MARK
Address: 11720 OLEAN ROAD
City-St-Zip: CHAFFEE, NY 14030

Title: S () Delete
Name: STAGG, EVERETT
Address: 90 EAST HILL RUN
City-St-Zip: SPRINGVILLE, NJ 14141

Title: T () Delete
Name: LUDWICK, JOAN
Address: 11837 GROVE STREET
City-St-Zip: DELEVAN, NY 14042

Title: D () Delete
Name: BRISSON, THOMAS
Address: 11600 SALLIE MAE DRIVE
City-St-Zip: RESTON, VA 20193

Title: D (X) Delete
Name: SPREHE, TONY
Address: 10212 HAWKS LAKE DRIVE
City-St-Zip: FISHERS, IN 46038

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BALUS, KATHLEEN M
Address: 13389 RT 39 (RICE LANE)
City-St-Zip: CHAFFEE, NY 14030

Title: V (X) Change () Addition
Name: BALUS, MARK
Address: 13389 RT 39 (RICE LANE)
City-St-Zip: CHAFFEE, NY 14030

Title: S (X) Change () Addition
Name: LUDWICK, JOAN M
Address: 109 SOUTH MAIN STREET
City-St-Zip: SALAMANCA, NY 14779

Title: T (X) Change () Addition
Name: BENTON, CARYN
Address: 10475 MALTBIE ROAD
City-St-Zip: GOWANDA, NY 14070

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 for the exemption stated in Section 119.07(3)(i), 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: KATHLEEN M. BALUS

P

01/13/2004

Electronic Signature of Signing Officer or Director

_____ Date