

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002171

FILED  
Feb 21, 2008  
Secretary of State

Entity Name: PIONEER CREDIT RECOVERY, INC.

**Current Principal Place of Business:**

26 EDWARD ST  
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: COO ( ) Delete  
Name: WICKLINE, HAROLD  
Address: 26 EDWARD ST  
City-St-Zip: ARCADE, NY 14009

Title: CEO ( ) Delete  
Name: LUDWICK, JOAN  
Address: 26 EDWARD ST  
City-St-Zip: ARCADE, NY 14009

Title: T ( ) Delete  
Name: BENTON, CARYN  
Address: 26 EDWARD ST  
City-St-Zip: ARCADE, NY 14009

Title: D ( ) Delete  
Name: MECK, ROBERT  
Address: 11100 USA PARKWAY  
City-St-Zip: FISHERS, IN 46038

Title: D (X) Delete  
Name: BALUS, KATHLEEN  
Address: 26 EDWARD ST  
City-St-Zip: ARCADE, NY 14009

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

Title: PRES (X) Change ( ) Addition  
Name: WICKLINE, JR., ERNEST H  
Address: 26 EDWARD ST  
City-St-Zip: ARCADE, NY 14009

Title: SEC (X) Change ( ) Addition  
Name: EURE, MARY  
Address: 12061 BLUEMONT AY  
City-St-Zip: RESTON, VA 20190

Title: TRES (X) Change ( ) Addition  
Name: FREDA, JOSEPH  
Address: 12061 BLUEMONT WAY  
City-St-Zip: RESTON, VA 20190

Title: D (X) Change ( ) Addition  
Name: LUDWICK, JOAN  
Address: 26 EDWARD STREET  
City-St-Zip: ARCADE, NY 14009

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: MARY EURE

SEC

02/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date