

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001390

Entity Name: CAPITAL RECOVERY SYSTEMS, INC.**Current Principal Place of Business:**750 CROSS POINTE ROAD
SUITE S
COLUMBUS, OH 43230**Current Mailing Address:**750 CROSS POINTE ROAD
SUITE S
COLUMBUS, OH 43230 US**FEI Number:** 31-1570459**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	KLEIN, CRAIG W
Address	5220 HARBOR POINTE
City-State-Zip:	GALENA OH 43021

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

Title	SECRETARY
Name	SOVELL, KIM
Address	5322 HARBOR POINTE DRIVE
City-State-Zip:	GALENA OH 43021

Title	VP
Name	JOHNSON, DENNIS
Address	56 LANGTREE DR.
City-State-Zip:	PICKERINGTON OH 43147

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

04/16/2024

Electronic Signature of Signing Officer/Director Detail_____
Date