

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001390

FILED
Jan 03, 2012
Secretary of State

Entity Name: CAPITAL RECOVERY SYSTEMS, INC.

Current Principal Place of Business:

750 CROSS POINTE ROAD
SUITE S
GAHANNA, OH 43230

New Principal Place of Business:

Current Mailing Address:

750 CROSS POINTE ROAD
SUITE S
GAHANNA, OH 43230

New Mailing Address:

FEI Number: 31-1570459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FANTE, NICK
1600 FARMINGTON AVENUE
WELLINGTON, FL 33414 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

OFFICERS AND DIRECTORS:

Title: P
Name: KLEIN, CRAIG W
Address: 5220 HARBOR POINTE
City-St-Zip: GALENA, OH 43021

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

Title: T
Name: SOVELL, KIM
Address: 7485 RED MAPLE PL
City-St-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

PRES

01/03/2012

Electronic Signature of Signing Officer or Director

Date