

1.) CORPORATION NAME:

Select Recovery Agents, Inc.

DUE DATE: **12/31/2011**

SCC ID NO: **07166689**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR
JASON J LUDWIG
12270 MAPLE ST
ASHLAND, VA 23005**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	4,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12270 MAPLE ST

CITY/ST/ZIP: ASHLAND, VA 23005-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: NICHOLAS P FICARRA
TITLE: VICE PRESIDENT
ADDRESS: 12270 MAPLE STREET
CITY/ST/ZIP/CO: ASHLAND, VA 23005-

OFFICER

DIRECTOR

NAME: DAVID J SULLIVAN
TITLE: PRESIDENT
ADDRESS: 6127 HEARTHSTONE AVE
CITY/ST/ZIP/CO: COTTAGE GROVE, MN 55016-

OFFICER

DIRECTOR

NAME: JASON J LUDWIG
TITLE: TREASURER
ADDRESS: 12270 MAPLE STREET
CITY/ST/ZIP/CO: ASHLAND, VA 23005-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JASON J LUDWIG

JASON J LUDWIG, TREASURER

2/26/2012

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE
TITLE

DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.