

1.) CORPORATION NAME:

DUE DATE: **5/31/2011**

Mobile Residuals Management (USA), Inc.

SCC ID NO: **F1423773**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1025 LAUREL OAK ROAD

CITY/ST/ZIP: VOORHEES, NJ 08043-

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:	DOUGLAS N ANTHONY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/CFO		
ADDRESS:	1025 LAUREL OAK ROAD		
CITY/ST/ZIP/CO:	VOORHEES, NJ 08043-		
NAME:	STEPHANIE M KOLB	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1025 LAUREL OAK ROAD		
CITY/ST/ZIP/CO:	VOORHEES, NJ 08043-		
NAME:	SHARON CAMERON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1025 LAUREL OAK ROAD		
CITY/ST/ZIP/CO:	VOORHEES, NJ 08043-		
NAME:	SHAWN C BUNTING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP & SECRETARY		
ADDRESS:	1025 LAUREL OAK ROAD		
CITY/ST/ZIP/CO:	VOORHEES, NJ 08043-		
NAME:	CARL MEYERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST COMPTROLLER		
ADDRESS:	1025 LAUREL OAK ROAD		
CITY/ST/ZIP/CO:	VOORHEES, NJ 08043-		

NAME: VINCENT J VALLETTA TITLE: ASST COMPTROLLR ADDRESS: 1025 LAUREL OAK ROAD CITY/ST/ZIP/CO: VOORHEES, NJ 08043-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: FRED BELL TITLE: CONTROLLER ADDRESS: 1025 LAUREL OAK ROAD CITY/ST/ZIP/CO: VOORHEES, NJ 08043-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: OKECHUKWU AZIE TITLE: TREASURER ADDRESS: 1025 LAUREL OAK ROAD CITY/ST/ZIP/CO: VOORHEES, NJ 08043-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> 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/ SHAWN C BUNTING _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SHAWN C BUNTING, VP & SECRETARY _____ PRINTED NAME AND CORPORATE TITLE	5/24/2011 _____ 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.		