

1.) CORPORATION NAME:

Complete Payment Recovery Services, Inc.

DUE DATE: **8/31/2011**

SCC ID NO: **F1521253**

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

**AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD
GLEN ALLEN, VA 23060**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

GA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11601 ROOSEVELT BLVD., N.

CITY/ST/ZIP: ST. PETERSBURG, FL 33716-

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: JASON M CORY
TITLE: PRESIDENT
ADDRESS: 11601 ROOSEVELT BLVD., N.
CITY/ST/ZIP/CO: ST PETERSBURG, FL 33716-

OFFICER

DIRECTOR

NAME: MICHAEL L GRAVELLE
TITLE: SIGN AUTHORITY
ADDRESS: 11601 ROOSEVELT BLVD., N.
CITY/ST/ZIP/CO: ST PETERSBURG, FL 33716-

OFFICER

DIRECTOR

NAME: BRENT BICKETT
TITLE: SIGN AUTHORITY
ADDRESS: 11601 ROOSEVELT BLVD., N.
CITY/ST/ZIP/CO: ST PETERSBURG, FL 33716-

OFFICER

DIRECTOR

NAME: BARBARA AKINS
TITLE: VICE PRESIDENT
ADDRESS: 11601 ROOSEVELT BLVD., N.
CITY/ST/ZIP/CO: ST PETERSBURG, FL 33716-

OFFICER

DIRECTOR

NAME: LYNN CRAVEY
TITLE: VP/S/T
ADDRESS: 11601 ROOSEVELT BLVD., N.
CITY/ST/ZIP/CO: ST PETERSBURG, FL 33716-

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.

<u>/s/ LYNN CRAVEY</u>	<u>LYNN CRAVEY, VP/S/T</u>	<u>8/18/2011</u>
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.