

1.) CORPORATION NAME:

**ACCOUNTS RECEIVABLE MANAGEMENT, INC.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.  
AUTH IN VI  
CT CORPORATION SYSTEM  
4701 COX RD TE 301  
GLEN ALLEN, VA 23060-6802**

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

SCC ID NO: **F1610494**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,600

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**NJ**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 155 MIDATLANTIC PKY

CITY/ST/ZIP: THOROFARE, NJ 08086-

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: MICHAEL COSENZA  
TITLE: PRES/SECRETARY  
ADDRESS: 155 MIDATLANTIC PKY  
CITY/ST/ZIP/CO: THOROFARE, NJ 08086-

OFFICER  DIRECTOR

NAME: JOSEPH BURCH  
TITLE: VICE PRESIDENT  
ADDRESS: 155 MIDATLANTIC PKY  
CITY/ST/ZIP/CO: THOROFARE, NJ 08086-

OFFICER  DIRECTOR

NAME: CHRISTINE ADAIR  
TITLE: TREASURER  
ADDRESS: 155 MIDATLANTIC PKY  
CITY/ST/ZIP/CO: THOROFARE, NJ 08086-

OFFICER  DIRECTOR

NAME: MADELYN COSENZA  
TITLE: OWNER  
ADDRESS: 155 MIDATLANTIC PKY  
CITY/ST/ZIP/CO: THOROFARE, NJ 08086-

OFFICER  DIRECTOR

NAME: WILLIAM COSENZA  
TITLE: DIRECTOR  
ADDRESS: 155 MIDATLANTIC PKY  
CITY/ST/ZIP/CO: THOROFARE, NJ 08086-

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/ CHRISTINE ADAIR</u>	<u>CHRISTINE ADAIR, TREASURER</u>	<u>12/15/2011</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.