

1.) CORPORATION NAME: Professional Recovery Services, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: NJ	DUE DATE: 9/30/2014 SCC ID NO: F1641895 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 2 ECHELON PLAZA 221 LAUREL RD STE 350 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: RICHARD SAFFER TITLE: PRESIDENT ADDRESS: 221 LAUREL ROAD STE 350 CITY/ST/ZIP/CO: VOORHEES, NJ 08043	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TYRONE DAVIS TITLE: VICE PRESIDENT ADDRESS: 221 LAUREL ROAD STE 350 CITY/ST/ZIP/CO: VOORHEES, NJ 08043	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: JOE KORDEK TITLE: COO ADDRESS: 221 LAUREL ROAD STE 350 CITY/ST/ZIP/CO: VOORHEES, NJ 08043	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ RICHARD SAFFER	RICHARD SAFFER, PRESIDENT	12/16/2014
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.