

1.) CORPORATION NAME: CAPITAL RECOVERY SYSTEMS, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY BANK OF AMERICA CENTER, 16TH FLOOR 1111 EAST MAIN STREET RICHMOND, VA	DUE DATE: 4/30/2015 SCC ID NO: F1858861 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>750</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	750
CLASS	AUTHORIZED				
COMMON	750				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY					
4.) STATE OR COUNTRY OF INCORPORATION: OH					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 750 CROSS POINTE RD STE S CITY/ST/ZIP: GAHANNA, OH 43230

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: CRAIG KLEIN TITLE: P/DTR ADDRESS: 750 CROSS POINTE RD STE S CITY/ST/ZIP/CO: GAHANNA, OH 43230	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: CYNTHIA SOVELL-KLEIN TITLE: SEC/DTR ADDRESS: 750 CROSS POINTE RD STE S CITY/ST/ZIP/CO: GAHANNA, OH 43230	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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/ CRAIG KLEIN	CRAIG KLEIN, P/DTR	3/16/2015
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.