

SCC eFile

**2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

215532347

1.) CORPORATION NAME:

NorthStar Recovery Services, Inc.

DUE DATE: **8/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CTR 16TH FL
1111 E MAIN ST**

SCC ID NO: **F1869223**

RICHMOND, VA

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: CORRIDOR PARK CORPORATE CENTER, #5
200-B PARKER DRIVE, SUITE 580

CITY/ST/ZIP: AUSTIN, TX 78728

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:	TROY CROCHET	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	31500 HAYMAN ST		
CITY/ST/ZIP/CO:	HAYWARD, CA 94544		

NAME:	PAUL S CUTRONE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP & TREASURER		
ADDRESS:	150 W. 30TH STREET, 8TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001		

NAME:	GREGORY G DICARLO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & SECRETARY		
ADDRESS:	35 CORPORATE DRIVE, SUITE 1155		
CITY/ST/ZIP/CO:	TRUMBULL, CT 06611		

NAME:	KAMAL SOOKRAM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	150 W 30TH STREET, 8TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001		

NAME:	PAUL S CUTRONE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	150 W 30TH STREET, 8TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001		

NAME:	SCOTT E STATE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6000 E EVANS AVE		
CITY/ST/ZIP/CO:	DENVER, CO 80222		

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/ GREGORY G DICARLO</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>GREGORY G DICARLO, VP & SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>8/31/2015</u> DATE
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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.