

1.) CORPORATION NAME: Receivable Asset Management, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	DUE DATE: 7/31/2014 SCC ID NO: F1902495 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>2,500</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	2,500
CLASS	AUTHORIZED				
COMMON	2,500				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: NJ					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 401 Hackensack Ave. 9th Floor CITY/ST/ZIP: Hackensack, NJ 07601	
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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: DREW POLIFRONE TITLE: PRESIDENT ADDRESS: 401 HACKENSACK AVE 9TH FL CITY/ST/ZIP/CO: HACKENSACK, NJ 07601	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: MATTHEW POLIFRONE TITLE: VP/SECRETARY ADDRESS: 401 HACKENSACK AVE. 9TH FLOOR CITY/ST/ZIP/CO: HACKENSACK, NJ 07601	<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/ MATTHEW POLIFRONE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MATTHEW POLIFRONE, VP/SECRETARY PRINTED NAME AND CORPORATE TITLE	5/24/2014 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.