RI SOS Filing Number: 200700877780 Date: 09/12/2007 4:00 PM

State of Rhode Island
and Providence Plantations
*Office of the Secretary of State*

***A. Ralph Mollis,*** *Secretary of State*
*Corporations Division*
*148 W. River Street*
*Providence, RI 02904-2615*
*401.222.3040*

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

**Filing Period:** September 1 - November 1 • **Filing Fee:** $50.00

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.*

| 1. ID No. | 2. Exact name of the limited liability company |
|---|---|
| 135352 | Advanced Call Center Technologies, LLC |

| 3. State of Formation | 4. Brief description of the character of the business which is actually conducted in Rhode Island |
|---|---|
| GEORGIA | OPERATE A CALL CENTER AND COLLECTION AGENCY |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| 1235 Westlakes Dr. Ste 160 | Berwyn | PA | 19312 |

**6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON.**

| Contact Name | Contact Title |
|---|---|
| Tammy McEwen | Compliance Mgr. |

| Street Address | City | State | Zip |
|---|---|---|---|
| 1235 Westlakes Dr, Ste 160 | Berwyn | PA | 19312 |

**7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS**
**FILL IN SPACES BEFORE USING ATTACHMENTS** ("X" BOX FOR ATTACHMENT) ☐

| Manager Name | Manager Name |
|---|---|
| Christopher Debbas | Joseph Lembo |
| Street Address | Street Address |
| 1235 Westlakes Dr. Ste 160 | 1235 Westlakes Dr. Ste 160 |
| City / State / Zip | City / State / Zip |
| Berwyn / PA / 19312 | Berwyn / PA / 19312 |
| Manager Name | Manager Name |
| Street Address | Street Address |
| City / State / Zip | City / State / Zip |

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11**

| Agent Name | Address |
|---|---|
| CT CORPORATION SYSTEM | |
| **Address** | **City** / **Zip** |
| 10 WEYBOSSET STREET | PROVIDENCE / 02903- |

*This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).*

[redacted] [redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

*Signature of Authorized Person* — *Date* 9-16-07

[redacted]

Christopher Debbas, Manager
*Print or Type Name of Authorized Person*

| | |
|---|---|
| *File Date* | 9.12.07 |
| *Check No.* | 1721 |
| *By:* | ICM |

13878-17-182904
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Form 632 Rev. 07/07