RI SOS Filing Number: 200702379570 Date: 10/05/2007 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 |
|---|---|
| 127558 | Worldzen Collection and Recovery LLC |

| 3. State of Formation | 4. Brief description of the character of the business which is actually conducted in Rhode Island |
|---|---|
| DELAWARE | COLLECTION OF DEBT. |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| 500 Park Blvd. Ste 1260 | Itasca | IL | 60143 |

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

| Contact Name | Contact Title |
|---|---|
| LISA PATEL | |

| Street Address | City | State | Zip |
|---|---|---|---|
| 500 PARK BLVD. STE 1260 | ITASCA | IL | 60143 |

**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 |
|---|---|
| KAREN POWELL | |
| Street Address | Street Address |
| 500 PARK BLVD STE 1260 | |
| City / State / Zip | City / State / Zip |
| ITASCA / IL / 60143 | |
| Manager Name | Manager Name |
| SANDEEP BHARGAVA | |
| Street Address | Street Address |
| 500 PARK BLVD STE 1260 | |
| City / State / Zip | City / State / Zip |
| ITASCA / IL / 60143 | |

**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 |
|---|---|
| CORPORATION SERVICE COMPANY | |

| Address | City | Zip |
|---|---|---|
| 222 JEFFERSON BOULEVARD, SUITE 200 | WARWICK | 02888- |

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

[redacted] [redacted]

**FILED**
*File Date*
OCT 05 2007
*Check No.*
By 1325
*By:*
15486-8-192611
FOR SECRETARY OF STATE USE ONLY

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* 10/01/2007

[redacted]

DAVID S. VICK
*Print or Type Name of Authorized Person*

Form 632 Rev. 07/07