



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 130160		2. Name of Corporation NATIONAL ACTION FINANCIAL SERVICES, INC.			
3. Street Address Principal Business Office 165 LAWRENCE BELL DRIVE			City WILLIAMSVILLE	State NY	Zip 14221
4. Business Phone No. 716-565-1020		5. State of Incorporation GEORGIA			
6. Brief Description of the Character of Business Conducted in Rhode Island COLLECTION AGENCY; COLLECTION OF ACCOUNTS FROM DEBTORS LOCATED AND/OR DOMICILED IN RI					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JAMES P. RICH, JR.			Vice President Name CHRISTIAN A. BRZOSTOWICZ		
Street Address 165 LAWRENCE BELL DRIVE			Street Address 165 LAWRENCE BELL DRIVE		
City WILLIAMSVILLE	State NY	Zip 14221	City WILLIAMSVILLE	State NY	Zip 14221
Secretary Name PAUL F. LABAKI			Treasurer Name CRAIG S. JANTZI		
Street Address 165 LAWRENCE BELL DRIVE			Street Address 3102 WEST END AVENUE		
City WILLIAMSVILLE	State NY	Zip 14221	City NASHVILLE	State TN	Zip 37203
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name CRAIG S. JANTZI			Director Name		
Street Address 3102 WEST END AVENUE			Street Address		
City NASHVILLE	State TN	Zip 37203	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
250,000; COMMON; NO PAR			1	COMMON	NO PAR

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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: [Signature] Date: 2/6/08

JAMES P. RICH, JR.

Print or Type Name

PRESIDENT

Title

File Date	FILED
Check No.	FEB 11 2008
By:	<u>By 1842</u>
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