



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. 118783		2. Name of Corporation Integrated Portfolio Management, Inc.			
3. Street Address Principal Business Office 800 Springer Drive			City Lombard	State IL	Zip 60148
4. Business Phone No. 630/705-9500		5. State of Incorporation ILLINOIS			
6. Brief Description of the Character of Business Conducted in Rhode Island Consumer and commercial debt collection agency.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Liliana Shields			Vice President Name VACANT		
Street Address 800 Springer Drive			Street Address		
City Lombard	State IL	Zip 60148	City	State	Zip
Secretary Name Liliana Shields			Treasurer Name Liliana Shields		
Street Address 800 Springer Drive			Street Address 800 Springer Drive		
City Lombard	State IL	Zip 60148	City Lombard	State IL	Zip 60148
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Liliana Shields			Director Name		
Street Address 800 Springer Drive			Street Address		
City Lombard	State IL	Zip 60148	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
1000	Common	\$0.00 (NPV)	100	Common	\$0.00 (NPV)

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.

FILED	
File Date	FEB 25 2008
Check No.	By <i>DS 2/20/08</i>
By:	
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.

Liliana Shields
Signature _____ Date _____
Liliana Shields
Print or Type Name
Secretary
Title