



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. 114458		2. Name of Corporation Telcollect, Inc			
3. Street Address Principal Business Office 3100 Medlock Bridge Road Suite 140			City Norcross	State GA	Zip 30071
4. Business Phone No. 678-268-2338 (ext 338)		5. State of Incorporation New York			
6. Brief Description of the Character of Business Conducted in Rhode Island Debt/Collection					
<b>7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name Joseph Doherty			Vice President Name Tina Spier CFO/VP		
Street Address 3100 Medlock Bridge Road Suite 140			Street Address 3100 Medlock Bridge Road Suite 140		
City Norcross	State GA	Zip 30071	City Norcross	State GA	Zip 30071
Secretary Name Jay Shankar			Treasurer Name		
Street Address 3100 Medlock Bridge Road Suite 140			Street Address		
City Norcross	State GA	Zip 30071	City	State	Zip
<b>8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name Joseph Doherty			Director Name Tina Spier		
Street Address 3100 Medlock Bridge Road Suite 140			Street Address 3100 Medlock Bridge Road Suite 140		
City Norcross	State GA	Zip 30071	City Norcross	State GA	Zip 30071
Director Name Henry Reinhold			Director Name		
Street Address 59 Maiden Lane			Street Address		
City New York	State NY	Zip 10007	City	State	Zip
<b>9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200 Comm No Par Value			None		
			THIS SECTION MUST BE COMPLETED		

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

Date

Tina Spier

Print or Type Name

CFO/VP

Title

<b>FILED</b>	
File Date	MAY 19 2008
Check No.	113857 & 113879
By	
FOR SECRETARY OF STATE USE ONLY	