

POR SECRETARY OF STATE USE ONLY

A. Ralph Molits, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3046

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with K.I.G.L. subject to a penalty fee of \$25		juiling or rejusing to file its ann	ны герот wunn инту (30) а	lays after the time prescribed by law	(A.I.U.L. /-1.4-1301(COB)) K	
1. Corporate ID No.	1 .	2. Name of Corporation				
149652		Continental Service Group, INc.				
3. Street Address Principal Business Office D. O. Boy 7, 200 Cross Voys Office Book			City	State	<i>zų</i> p 14450	
P.O. Box 7, 200 CrossKeys Office Park 4. Business Phone No. 5. State of Incorporation			Fairport	New York	14430	
585-421-1000 New York				•		
6. Botal Description of the Character of Business Conducted in Bhode Island						
O. Driej Description of the Ch	urucier of Districts Conducted in	Debt Colle	ection			
7. NAMES AND ADDR	ESSES OF THE OFFICERS	: ("X" BOX FOR ATTA	CHMENT) FILL IN	SPACES BEFORE USING A	TTACHMENTS	
President Name			Vice President Name			
Mark E. Davitt			Mark E. Davitt			
Street Address		•	Street Address			
200 CrossKeys Office Park			200 CrossKeys Office Park			
City	State	Zip	Clty _	State	Ζψ	
Fairport	New York	14450	Fairport	New York	14450	
Secretary Name			Treasurer Name Mark E. Davitt			
Mark E. Davitt						
Street Address 200 CrossKeys Office Park			Street Address 200 CrossKeys Office Park			
			<u>:</u>			
City	State	Zφ	Cuty Fairport	State Now York	<i>Ζφ</i> 14450	
Fairport	New York	14450	• _	New York	•	
8. NAMES AND ADDR Director Name	ESSES OF THE DIRECTO	KS: ("A" BUA FUR AII	Director Name	N SPACES BEFORE USING	AIIACAMENIS	
Mark E. Davitt			Director Ivanie			
Street Address			Street Address	·		
200 CrossKeys Offic	e Park					
City	State	Ζŧp	City	State	Ζψ	
Fairport	New York	14450			· ·	
Director Name		**********************	Director Name		******	
			e e			
Street Address			Street Address			
==::			•			
City	State	Zip	Clty	State	Zψ	
			•		1 _	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
			+	ECTION MUST BE COMPLETED	15 7/1	
	rrently of record in the Of		Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of			100	CNP	60.00	
instruction sheet.			100		\$0.00	
This second must be su	seuted on babalf of the co-		d representative. If the	cornection is in the hands	of a receiver or trustee	
this report must be ex-	ecuted on behalf of the cor	rporation by an authorize noration by the receiver	or trustee	corporation is in the hands	of a receiver of trustee,	
uns report must be exc	,00.00 011 0011411 01 410 401	,				
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				perjury, I declare and affirm the populary in the perjury, I declare and affirm the perjury in the perjury. The perjury is the perjury in the		
		7		are true and correct.	ALLAND, AIRE GIAL GII SIAJEIIKI	
FILED			1 1/4 18 / VILLE WALL , 10/09			
Lite Falls			Signature	· por cir www	Date	
JAN 2 8	2009	1	Signature		L/CIIC '	

Mark E. Davitt
Print or Type Name
President

Title