RALPH MOILE State	State of Rhode Island and Providence Plantations Fee: \$5 Office of the Secretary of State					
uperretary of State	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040					
Foreign Business Corpo Annual Report Filing Period: January 1 - March						
In accordance with R.I.G.L. 7-1 annual report within thirty (30) da (c&d)) is subject to a penalty fee	ays after the time prescribed by					
ANNUAL REPORT YEAR: 2013						
1. Corporate ID No. 000551419						
2. Name of Corporation <u>NSM Recovery Services Inc.</u>						
3. Street Address Principal Business Office:						
No. and Street:350 HIGHLAND DRIVECity or Town:LEWISVILLEState:TXZip:75067Country:USA						
4. Business Phone No.						
5. State of Incorporation						
State: <u>DE</u>						
6. Brief Description of the Ch DEBT COLLECTION AGE 7. Names and Addresses of t	NCY	ed in Rhode Island				
All officers and directors must be listed.						
Title	Individual Name	Address				
PRESIDENT	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country 350 HIGHLAND DRIVE LEWISVILLE, TX 75067 USA				
TREASURER	GREGORY A ONIU	350 HIGHLAND DRIVE LEWISVILLE, TX 75067 USA				
SECRETARY	ANTHONY VILLANI	350 HIGHLAND DRIVE LEWISVILLE, TX 75067 USA				
VICE PRESIDENT	JIM FULLEN	350 HIGHLAND DRIVE LEWISVILLE, TX 75067 USA				
DIRECTOR	JAY BRAY	350 HIGHLAND DRIVE				

	LEWISVILLE, TX 75067 USA						
8. Shares Authorized and Issu	ed						
Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>			
CWP		\$0.0001	1,000.00	500			
<b>Signed this 13 Day of February, 2013 at 4:20:52 PM.</b> <i>This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the</i>							
electronic filing, in compliance By <u>JAY BRAY</u> Signature of Authorized Rep		-					
<u>PRESIDENT</u> Title							
This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.							
Form No. 630 Revised 09/07							
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