



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corp  
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2013

**1. Corporate ID No.** 000517401

**2. Name of Corporation** DELTA OUTSOURCE GROUP, INC.

**3. Street Address Principal Business Office:**

No. and Street: 62 N CNETRAL AVE

City or Town: O'FALLON

State: MO

Zip: 63366

Country: USA

**5. State of Incorporation**

State: MO

**6. Brief Description of the Character of Business Conducted in Rhode Island**

DEBT COLLECTION

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

| Title          | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|----------------|------------------------------------------------|------------------------------------------------------------|
| PRESIDENT      | JAMES PEACOCK                                  | P.O. BOX 1210<br>OFALLON, MO 63366 USA                     |
| TREASURER      | JACKIE MUCHA                                   | 62 N CENTRAL AVE<br>O'FALLON, MO 63366 USA                 |
| VICE PRESIDENT | NICK JARMAN                                    | PO BOX 1210<br>O'FALLON, MO 63366 USA                      |

**8. Shares Authorized and Issued**

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized<br>Shares<br>Number of Shares | Total Issued<br>and<br>Outstanding<br>Num of<br>Shares |
|----------------|-----------------|---------------------|------------------------------------------------|--------------------------------------------------------|
|----------------|-----------------|---------------------|------------------------------------------------|--------------------------------------------------------|

|     |  |          |          |   |
|-----|--|----------|----------|---|
| CNP |  | \$0.0000 | 1,500.00 | 0 |
|-----|--|----------|----------|---|

**9. 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.**

**Signed this 1 Day of October, 2013 at 4:19:48 PM.** *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 electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By JACKIE MUCHA

Signature of Authorized Representative of the Corporation

CAO

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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