|  | State of Rhode Island an<br>Office of the Se        |                                   | DNS Fee: \$50.00                     |
|--|---|-----------------------------------|--------------------------------------|
| Division Of Business Services  |   |                                   |                                      |
| 148 W. River Street  |   |                                   |                                      |
| Providence RI 02904-2615   |   |                                   |                                      |
| HOPE   | (401) 22  | 2-3040                            |                                      |
| Limited Liability Company<br>Annual Report<br>Filing Period: September 1 - November 1  |   |                                   |                                      |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing<br>to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-<br>16-66(b&c)) is subject to a penalty fee of \$25.00. |   |                                   |                                      |
| ANNUAL REPORT YEAR: 2016   |   |                                   |                                      |
| 1. ID No. <u>001341209</u>   |   |                                   |                                      |
| 2. Exact Name of the Limited Liability Company Peritus Portfolio Services II, LLC  |   |                                   |                                      |
| 3. State of Formation  |   |                                   |                                      |
| State: <u>DE</u>   |   |                                   |                                      |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island  |   |                                   |                                      |
| Active Debt Buyer  |   |                                   |                                      |
| 5. Principal Office Address  |   |                                   |                                      |
| No. and Street: <u>433 EAST LAS COLINAS BOULEVARD,</u><br>SUITE 475  |   |                                   |                                      |
| City or Town: IRVING   |   | State: <u>TX</u> Zip              | : <u>75039</u> Country: <u>USA</u>   |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   |   |                                   |                                      |
| Contact Name: GARY PERDUE Contact Title: PRESIDENT/MANAGER   |   |                                   |                                      |
|  | <u>BOX 141419</u><br><u>ING</u> State: <u>T&gt;</u> | Zip: <u>75014-1419</u>            | Country: <u>USA</u>                  |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.<br>DO NOT LIST MEMBERS  |   |                                   |                                      |
| Title  | Individual Name                                     | Add                               | ress                                 |
|  | First, Middle, Last, Suffix                         | Address, City or Town, S          | State, Zip Code, Country             |
| MANAGER  | GARY RICHARD PERDUE                                 | 433 EAST LAS COLINA<br>IRVING, TX | AS BOULEVARD, SUITE 475<br>75039 USA |
|  |   |                                   |                                      |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER<br>Changes Require Filing of Form 642 - R.I.G.L. 7-16-11  |   |                                   |                                      |
| CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI   |   |                                   |                                      |
| 02888  |   |                                   |                                      |

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 15 Day of February, 2016 at 6:18:25 PM by the authorized person.** *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>GARY R. PERDUE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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