



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 474416		2. Exact name of the Corporation Atradius Collections, Inc.			
3. Principal office address 1200 Arlington Heights Rd., Suite 410			City Itasca	State IL	Zip 60143
4. Business Phone No. 630-931-4800		5. State of Incorporation Illinois			
6. Brief description of the character of business conducted in Rhode Island Commercial debt collection					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kristina Kuzmanova			Vice-President Name Donalynn Johnson		
Street Address 1200 Arlington Heights Rd., Suite 410			Street Address 1200 Arlington Heights Rd., Suite 410		
City Itasca	State IL	Zip 60143	City Itasca	State IL	Zip 60143
Secretary Name Kristina Kuzmanova			Treasurer Name Donalynn Johnson		
Street Address 1200 Arlington Heights Rd., Suite 410			Street Address 1200 Arlington Heights Rd., Suite 410		
City Itasca	State IL	Zip 60143	City Itasca	State IL	Zip 60143
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Raymond Van Der Loos			Director Name		
Street Address 1200 Arlington Heights Rd., Suite 410			Street Address		
City Itasca	State IL	Zip 60143	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	CWP	\$1.00

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAR 23 2016

By 270663

KM

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.

Donalynn Johnson 03/22/2016
 Signature of Authorized Representative Date

Donalynn Johnson
 Print or Type Name of Authorized Representative