

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Filing Period: January 1 - Mo (FORM MUST BE TYPED OR PRIN	***	Fee: \$50.00			
I. Corporate ID No. 120905	2. Name of Corporation AllianceOnc Rec	eivables Management,	Inc.		
3. Street Address Principal Business O 717 CONSTITUT	• •	Ste 202	CILYEXTON	State PA	<sup>zip</sup> 1934/
1. Business Phone No. (484) 531-3	5000	5. State of Incorporation DELAWARE			6. SIC Coule 7322
7. Brief Description of the Character of THIRD PARTY COLLEC		bode Island			· · · · · · · · · · · · · · · · · · ·
8. NAMES AND ADDRESSES President Name  Bobert C. M		("X" BOX FOR ATTAC	CHMENT)	PACES BEFORE USING A	TTACHMENTS
Sinci Address 717 Constitu Suite 202	ution Drive	,	Sirvet Address		· · · · · · · · · · · · · · · · · · ·
Exton, PA 1	9341	Zip	City	State	Zip
Terry D. W	eiKel			Trahan	
	itution Drive		Street Address 717 C	Constitution Drive	
Suite 202 Exton, PA		Zip	City Exton	State	Zίρ
9. NAMES AND ADDRESSES Dimeter Name	of the director		ACHMENT) [] FILL IN Director Name	SPACES BEFORE USING	ATTACHMENTS
	stitution Drive		Street Address		
Suite 202 Exton, PA	1	Zip	City	State	Zip
Director Name	K 13041	J	Director Name		.l
Street Address	<del>-</del>		Street Address	<u> </u>	
City	State	Zip	Ctty	State	Zip
10. SHARES AUTHORIZED (	 "X" BOX FOR ATTA 	CHMENT)	11. SHARES ISSUED (*.	 X" BOX FOR ATTACHME	Ι ( <i>ΤΝΤ</i> ) □
Number of Shares	Class/Scries	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$0.01 PAR VALUE			100	Commen	10.
This report must be si	gned in ink by cithe	r the President, Vice Pr	esident, Secretary, Assistan	t Secretary, Treasurer, Rec	civer or Trustee
	*12 <u>09</u> 05		including any accomp	iry, I declare and affirm that I anying schedules and stateme	
File Date FILED	····		contained heroin are to	rue ond correct.	1/13/05
Check No MAR 0 4 2005 663329			Signature of Officer	Weikel	Date
By By		_	Print or Type Mame of		
FOR SECRETARY OF STA	TE USE ONLY		Title of Officer	1 1	



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Filing Period: January 1 - M FORM MUST BE TYPED OR PRIN		g Fee: \$50.00			
1. Corporate ID No.	2. Name of Corporation				
120905	AllianceOne Rece	ivables Management, Ir	16.		·····
3. Street Address Principal Business	-	) = 00	City	State PA	19341
717 Const	itution L	5. State of Incorporation	1 Exton	1 777	6. SIC Code
484 / 531-50	a <b>⊿</b> 1	DELAWARE			7799
7. Brief Description of the Character				<u>,                                      </u>	
THIRD PARTY COLLECT			• •		
B. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	. —-	SPACES BEFORE USIN	IG ATTACHMENTS
President Name	\ac \a.		Vice President Name		
Robert C. M	14uci 1	_	Street Address		<u> </u>
	rution Dr	ive Suite 202			
City	State	Z.ip /	City	State	Zip
Exton	] PA	1934]			
Secretary Name	: V a 1		Treasurer Name		
lerry D. We	i Kel	<u></u>	Edward Street Address	Inahan	
717 Constitution	on Drive Su	aite_202	717 Consti	tution Drive 4	Suite 202
Citv	State	Zip	City	State	Zip
Exton	PA	19341	Exton	I PA	19341
Director Name	OF THE DIRECTOR	IS: ("X" BOX FOR ATT	TACHMENT)   FILL    : Director Name	IN SPACES BEFORE US	ING ATTACHMENTS
$\cap$	auch		Director Name		
Street Address	<del>nuch</del>		Street Address		<del></del>
717 Constitut	ion Dives	uite 202	·		
City	State	Zíp	City	State	Zip
Exton	J 7A	19341			
Director Name			Director Name		
Street Address		<u> </u>	Street Address		
				····	
City	State	Zip	City	State	7.(p
A CHARECAUTUODITED	CANA BON EOB ALL		11 CHARTE ICCITED	 ("X" BOX FOR ATTAC	HMENT)
10. SHARES AUTHORIZED AUTHORIZED SHARES	( X BOX POR AI).	ACHMENI) [	ISSUED SHARES	( X BOX POR ATTAC	
Number of Shares	Class/Scries	Par Value	Number of Shares	Class/Scries	Par Value
	· · · · · · · · · · · · · · · · · · ·	-	<u> </u>		
1,000 COMM \$0.01 PAR VAL	.UE				
This report must be	signed in ink by eith	er the President, Vice P	resident, Secretary, Assis	tant Secretary, Treasure	r, Receiver or Trustee
1 188(8) 111		1881			
			Under penalty of n	eriury I declare and affirm	that I have examined this repo
* (ILLUIU)    * 1	2 0 9 0 5	± -±			tatements, and that all statemen
2 47	$\mathcal{A}$		contained herein a	re true and correct.	, ,
File Date U. 7.C	<u>/                                    </u>	1	_ NWest	4	01/28/03
51841	7		Signature of Officer		Date
Check No.	<u></u>		Terry	Weikel	
By: 100			Print or Type Name	of Officer	_
• —	PATE LIPE ON V		Secret	Gry _	
FOR SECRETARY OF S	IAIE USE UNLY	_	Title of Officer		



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_ Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 120905 AllianceOne Receivables Management, Inc. 3. Street Address Principal Business Office **DELAWARE** ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) IN SPACES BEFORE USING ATTACHMENTS Street Address City State Zip itution Dr. Sucti MES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name . Street Address City State Zip Director Name Street Address City State Zip

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

ISSUED SHARES

Number of Shares

100

	* 1 2 0 9 0 5 *
File Date:	0.18.03
Check No.: _	39175
Ву:	$\mathcal{C}$

AUTHORIZED ("X" BOX FOR ATTACHMENT)

Class/Series

Par Value

AUTHORIZED SHARES

1,000 COMM \$0.01 PAR VALUE

FOR SECRETARY OF STATE USE ONLY

Number of Shares

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Class/Series

Common

Par Value



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

		2000	CTOD
PROFIT CORPORATION ANNUAL REP	ORT FOR THE Y	EAR 2002	PLEASE READ INSTRUCTION
FORM MUST BE TYPED IN BLACK)			
1. Corporate ID No. 2. Name of Corporation	•	<del>-</del>	
120905 AllianceOne Receivables Management, I	nc.		
B. Street Address Principal Business Office	City	State	Zip
690 Stockton Dr. Swite 200	EMON		19341
1. Business Phone No.  5. State of Incorporation  484-531-5021  DELAWARE			6. SIC Code
A Rulef Description of the Character of Business Conducted in Bhade Island			
Accounts Receivable Manage	ement		
B. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHA	i i	RE USING ATTACHME	INTS
transferme Manua	Vice President Name	1 1005	
Robert C. Mauch		ebbas	
690 Stockton Dr. Switer	Street Address 1235 West	tlakes Dr	
EXTON State PA Zip 19341	BerwyN	State PA	zip 19312
Terry D. Welkel	Terry D.	Weikel	,
Greet Addiess 90 Stockton Dr. Swite 200	Street Address Stoc	kton Dr.	Suite 200
EXTON State PA ZIP 1934	EXTON	State PA	<sup>210</sup> 1934/
D. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTAC	•	FORE USING ATTACHN	MENTS
Propert C. Mauch,	Director Name		
Ger Addiess 90 Stock ton Dr. Suite	Street Address		•
FYTIN State PA Zip/934/	City:	State	Zip
Gregory S. Campbell	Director Name		•
Gregory S. Campbell Westlakes Dr.	Street Address		
Berwyn State PA ZIP 19312	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)	11. SHARES ISSUED ("X" BO	X FOR ATTACHMENT)	
Sumber of Shares Class/Series Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$0.01 PAR VALUE	100	Common	01
• • • • • • • • • • • • • • • • • • • •	1	Cuttong/	.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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	Q-11.02	
File Date:	27219	
Check No.:	00 100 1	
	di	
Ву:		
FOR SECRETARY OF	F STATE USE ONLY	

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.

the report, the same of the property	
that all statements contained herein	are true and correct.
Mules	2.7.02
Signature of Officer	Date
Terry D. Wei	Kel
Print or Type Name of Officer	•
Sec.   Tres.	
Title of Officer	

Form 630 12/01