



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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>141627</b>		2. Name of Corporation <b>American Collection Systems, Inc.</b>									
3. Street Address Principal Business Office <b>2500 CORPORATE EXCHANGE DRIVE, SUITE 150</b>		City <b>COLUMBUS</b>		State <b>OHIO</b>		Zip <b>43231</b>					
4. Business Phone No. <b>614-410-6271</b>		5. State of Incorporation <b>OHIO</b>				6. SIC Code <b>561440</b>					
7. Brief Description of the Character of Business Conducted in Rhode Island <b>DEBT COLLECTION</b>											
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
President Name <b>DONALD J. HINDES, JR.</b>				Vice President Name <b>JOHN A. STINGLEY</b>							
Street Address <b>2500 CORPORATE EXCHANGE DRIVE, SUITE 150</b>				Street Address <b>2500 CORPORATE EXCHANGE DRIVE, SUITE 150</b>							
City <b>COLUMBUS</b>		State <b>OHIO</b>		Zip <b>43231</b>		City <b>COLUMBUS</b>		State <b>OHIO</b>		Zip <b>43231</b>	
Secretary Name <b>MARGIE A. BRICKNER</b>				Treasurer Name <b>N/A</b>							
Street Address <b>2500 CORPORATE EXCHANGE DRIVE, SUITE 150</b>				Street Address							
City <b>COLUMBUS</b>		State <b>OHIO</b>		Zip <b>43231</b>		City		State		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
Director Name <b>DONALD J. HINDES, JR. (SOLE OWNER)</b>				Director Name <b>(SOLE OWNER)</b>							
Street Address <b>2500 CORPORATE EXCHANGE DRIVE, SUITE 150</b>				Street Address							
City <b>COLUMBUS</b>		State <b>OHIO</b>		Zip <b>43231</b>		City		State		Zip	
Director Name <b>(SOLE OWNER)</b>				Director Name <b>(SOLE OWNER)</b>							
Street Address				Street Address							
City		State		Zip		City		State		Zip	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES <b>500</b>						ISSUED SHARES <b>500</b>					
Number of Shares <b>500</b>		Class Series <b>common</b>		Par Value <b>1.00</b>		Number of Shares <b>500</b>		Class Series <b>common</b>		Par Value <b>1.00</b>	
<b>500 COMM \$1.00 PAR VALUE</b>											

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



\*141627\*

**FILED**

File Date

**AUG 29 2005**

Check No.

By: **By 5208**

FOR SECRETARY OF 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.

Signature of Officer

**JOHN A. STINGLEY**  
**VICE-PRESIDENT**

**08/18/2005**

Date

Print or Type Name of Officer

Title of Officer