



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

(AMENDED)

Mathew 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 IN BLACK)

1. Corporate ID No. 60048		2. Name of Corporation BUSINESS REVENUE SYSTEMS, INC.			
3. Street Address Principal Business Office 2417 SPY RUN AVENUE, SUITE A			City FORT WAYNE	State IN	Zip 46805
4. Business Phone No 800-947-3030		5. State of Incorporation INDIANA			6. SIC Code 7799
7. Brief Description of the Character of Business Conducted in Rhode Island COLLECTION AGENCY					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DANA P. MAGNUSON (& DIRECTOR)			Vice President Name JAMES M. WILBUR (& DIRECTOR)		
Street Address 2417 SPY RUN AVENUE, SUITE A			Street Address 2417 SPY RUN AVENUE, SUITE A		
City FORT WAYNE	State IN	Zip 46805	City FORT WAYNE	State IN	Zip 46805
Secretary Name LINDA M. HUPPENBAUER (& DIRECTOR)			Treasurer Name LINDA M. HUPPENBAUER		
Street Address 4367 155TH AVENUE			Street Address 4367 155TH AVENUE		
City BURLINGTON	State IA	Zip 52601	City BURLINGTON	State IA	Zip 52601
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DALE F. FANDEL			Director Name LON E. OWEN		
Street Address 2417 SPY RUN AVENUE, SUITE A			Street Address 2417 SPY RUN AVENUE, SUITE A		
City FORT WAYNE	State IN	Zip 46805	City FORT WAYNE	State IN	Zip 46805
Director Name JAMIE L. SMITH			Director Name		
Street Address 2417 SPY RUN AVENUE, SUITE A			Street Address		
City FORT WAYNE	State IN	Zip 46805	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			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	COMMON	NO PAR VALUE	312	COMMON	NO PAR

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



6 0 0 4 8

File Date 9/5/05
Check No. CA
By: [Signature]
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] 9-2-2005
Signature of Officer Date
LINDA M. HUPPENBAUER
Print or Type Name of Officer
SECRETARY/TREASURER
Title of Officer