



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 130169		2. Exact name of the limited liability company A.R.C. ACCOUNTS RECOVERY (U.S.A.) CORPORATION LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island COLLECTION AGENCY			
5. Principal office address 4240 GLANFORD AVENUE			City VICTORIA	State BC Canada	Zip V8Z 4B8
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Michelle MacDonald			Contact Title		
Street Address 4240 GLANFORD AVENUE			City VICTORIA	State BC Canada	Zip V8Z 4B8
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Joe Polard			Manager Name		
Street Address 2522 Crystalview Crescent			Street Address		
City Victoria	State BC, Canada	Zip V9B 6M8	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name LAURA MCGUIRE			Address 107 DANIELSON PIKE		
Address MCGUIRE RESEARCH			City SCITUATE	Zip 02857-	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 3 0 1 6 9

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 Authorized Person

Date

JOE POLARD

Print or Type Name of Authorized Person

130169 FLLC 09/23/05 01:38:32 PM
File Date <u>9/23/05</u>
Check No. <u>6456</u>
By: <u>[Signature]</u>
FOR SECRETARY OF STATE USE ONLY



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1. ID No 130169		2. Exact name of the limited liability company A.R.C. ACCOUNTS RECOVERY (U.S.A.) CORPORATION LLC*			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island Collection Agency			
5. Principal office address 4240 Glanford Avenue		City Victoria	State BC	Zip V8Z 4B8	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name Joe Polard		Contact Title General Manager			
Street Address 4240 Glanford Avenue		City Victoria	State BC	Zip V8Z 4B8	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE					
ANY MANAGER OF THE COMPANY MUST BE A RESIDENT OF RHODE ISLAND					
Manager Name Joseph Polard		* Manager Name .			
Street Address 4240 Glanford Avenue		* Street Address .			
City Victoria	State BC	Zip V8Z 4B8	* City .	* State .	* Zip .
Manager Name		* Manager Name			
Street Address		* Street Address			
City	State	Zip	* City	* State	* Zip
8. RESIDENT AGENT IN RHODE ISLAND TO WHOM ALL CORRESPONDENCE CONCERNING THIS REPORT IS TO BE SENT					
Agent Name LAURA MCGUIRE		Address 107 DANIELSON PIKE			
Address MCGUIRE RESEARCH		City SCITUATE	Zip 02857		

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 3 0 1 6 9

130169 FLLC 09/23/04 07:06:42 PM

File Date 9/29/04

Check No. 263

By: DA

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.

Joseph Polard SEPT 23/04
Signature of Authorized Person Date

JOSEPH POLARD
Print or Type Name of Authorized Person