



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 IN BLACK)

1. Corporate ID No. 135484
2. Name of Corporation I.C. System, Inc.
3. Street Address Principal Business Office 444 Highway 96 East
City St. Paul State MN Zip 55127-2557
4. Business Phone No. 651-483-8201
5. State of Incorporation Minnesota
6. SIC Code 7799
7. Brief Description of the Character of Business Conducted in Rhode Island
Debt Collection

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Kenneth Rapp
Vice President Name N/A
Street Address 444 Highway 96 East
City St. Paul State MN Zip 55127-2557
Secretary Name John A. Erickson IV
Treasurer Name Kurt Heinbigner
Street Address 444 Highway 96 East
City St. Paul State MN Zip 55127-2557

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name John A. Erickson III
Director Name John A. Erickson IV
Street Address 444 Highway 96 East
City St. Paul State MN Zip 55127-2557
Director Name Barbara Erickson
Street Address 444 Highway 96 East
City St. Paul State MN Zip 55127-2557

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
100,000	Common	\$.01

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

Number of Shares	Class/Series	Par Value
42,327	Common	\$.01

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



1 3 5 4 8 4

File Date 1-11-05
Check No. 282499
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 of Officer [Signature] Date 1/5/04
Print or Type Name of Officer Kurt J. Heinbigner
Title of Officer CFO



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 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 135484		2. Name of Corporation I.C. System, Inc.			
3. Street Address Principal Business Office 444 Highway 96 East			City St. Paul	State MN	Zip 55127-2557
4. Business Phone No. 651-483-8201		5. State of Incorporation MINNESOTA		6. SIC Code 7799	
7. Brief Description of the Character of Business Conducted in Rhode Island DEBT COLLECTION					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kenneth Rapp			Vice President Name N/A		
Street Address 444 Highway 96 East			Street Address		
City St. Paul	State Mn	Zip 55127-2557	City	State	Zip
Secretary Name John Erickson IV			Treasurer Name Kurt Heinbigner		
Street Address 444 Highway 96 East			Street Address 444 Highway 96 East		
City St. Paul	State MN	Zip 55127-2557	City St. Paul	State MN	Zip 55127-2557
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Barbara Erickson			Director Name John Erickson III		
Street Address 444 Highway 96 East			Street Address 444 Highway 96 East		
City St. Paul	State MN	Zip 55127-2557	City St. Paul	State MN	Zip 55127-2557
Director Name John Erickson IV			Director Name		
Street Address 444 Highway 96 East			Street Address		
City St. Paul	State MN	Zip 55127-2557	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES	
100,000 COMM \$0.01 PAR VALUE				0	

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



* 1 3 5 4 8 4 *

File Date 1-26-04
Check No 276143
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] 1/19/04
Signature of Officer Date
Kurt Heinbigner
Print or Type Name of Officer
CFO/Treasurer
Title of Officer