

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1333 401,222-3040

## 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) 2. Exact name of the limited liabilty company I ID No 114487 PALISADES COLLECTION, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island COLLECTION ACTIVITY ON OWNED DEBT **DELAWARE** 5. Principal office address Ciry State 210 SYLVAN AVE ENGLEWOOD CLIFFS NJ 07632-CONVITERGE ADDRESS SO FROM THE DESIGNATION OF CONTROL FRANCISC AND ANALYSIS OF CONTROL FRANCISC ANALYSIS OF CONTROL FRANCISC AND ANALYSIS OF CONTROL FRANCISC A Contact Title Cornerstone Support (Cristy Hall) Licensing Specialist Street Address Ciry State 11111 Houze Road .Roswell GA 30076 NAME AND ADDRESS OF LEACHEMANAGER OF ATHEILINITED BY A BILITY GOMPANY, IF APPLICABLES TO A STATE OF Manager Name · Manager Name Gary Stern Sireei Address Street Address 210 SYLVAN AVE. City State 7.0 · City Siale Zip ENGLEWOOD CLIFFS ŊJ 07632 Manager Name Manager Name Street Address Street Address City State ZIр State Address CT CORPORATION SYSTEM 10 WEYBOSSET STREET Address City Zıp PROVIDENCE 02903-

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



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FOR SECRETARY O	F STATE US	E ONLY	

Under penalty of perjury, I declare and affin this report, including any accompanying sch and that all statements contained herein are	redules an	d statements.
La de la companya della companya del		10/06/05
Signature of Authorised Person	Date	
Frint or Type None of Authorized Person		<del></del>

Form 632 Rev. 6/02





Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 92993-1335 491.222 3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_ 2004 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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3. State of Formation	4. Brief descripti	on of the character of t	the business which is actually cond	ucted in Rhode Island	
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i Contact Ivame	_		Contact Title		
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GARRY	STERN		•		
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/100/C33			City	Zip	<del></del>
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This report must be signed in ink by an authorized person pursuant to 7-16-66.

	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.
File Date	Deagles 811/04
Check No.	Signature of Authorized Person Date  (SALAM STERN MANAGER
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person Form 632 Rev 6/0



## 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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_

2003

1 ID No		NTED IN BLACK)	rahilan samun	_ <del>_</del>	<del></del>	
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State of Formation DELAWARE	COLLECTION ACTIVITY ON OWNER P			s which is actually conducted in Rhisle Islan BT	ad	
5 Principal Africa add 2/0 SYLV 6. MAILING ADD	AN A			ENGLEWOOD CLIFFS	State NI	<sup>240</sup> 07632
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				LEGAL OPERATION ENGLEWOOD CLIFFS	Stare	07632
· A		FILL IN SPAC	ES BEFORE USING AT	ABILITY COMPANY, IF APPLICAL TACHMENTS ("X" BOX FOR AI FILING OF AMENDMENT, R.I.G.I	TACHAENTI []	7-16-52
Shiranger Name GARY STELN Street Address 240 SYLVAN ENUE				Manager Name		
ireet Address	ا (مار	We dile		Street Address		
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240 SYL THE LEWOOD CL Hanager Name Treet Address	iffs	state NJ	<sup>210</sup> 07632		State	Zιp
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The LEWOOD CL. Hannger Name Incert Address.	iffs	State NS	Zip	Manager Name  Miroci Address	State	
Ing	NT IN RH	State NS	Zip	Manager Name  Street Address  City  ges require filing of Form 642 -	State	

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

* 1 1 4 4 8 7 *
File Date _ 9-12-03
Check No
Bv
FOR SECRETARY OF STATE USE ONLY

Under pen	alty of perjury,	I declare and aff	irm that I b	nave examir	ted this report
including a	any accompany herein are true	ung schedules an	d statemen	ts, and that	all statements.
<u> </u>		W.		9/10/0	3
Signature o	2	rson 1 STERW	Date	MAN	aggl
Print or Tyl	pe Name of Auti	horized Person		<u> </u>	<u> </u>

Form 632 Rev. 7/03



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

	'PED OR PRINTED IN BLA				
1. ID No.	2. Exact name of the line				- <u> </u>
3. State of Formation	PALISADES COLLEC				
1	4. Brief descript	tion of the character of	the business which is actually conducted in k	thode Island	-
DELAWARE		N ACTIVITY ON OW	NED DEBT		
5. Principal office add	dress		City	State	Zip
210 SYLV	BUNSYA MA		ENGLEWOWD CLIFFS	· UJ	107637
6. MAILING ADI	DRESS OF LIMITED	LIABILITY COM	PANY AND NAME OR TITLE OF	CONTACT PERSO	N:
Contact Name			Contact Title	COMPACT TERSO	
MICHAEL Street Address	NULSON		· LEGAL MANY	CSR	
			City	State	Zip
210 SYLVA	N AVENUL		ENGLEWOOD CLIFF	s NJ	07632
7. NAME AND AD	DRESS OF EACH MA	NAGER OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE	
	FILL IN SPA	ACES BEFORE USI	NG ATTACHMENTS	R ATTACHMENT□	
Manager Name	ANT MODIFICATIONS	TO MANAGERS REC	QUIRES FILING OF AMENDMENT. R.I.G	.L 7-16-12 (a) (2) / 7-1	6-52
			• Manager Name		
GARU ST Sireci Address	MAN - MAN	AGER_	• <u> </u>		
			Sircet Address		
Cin	N AVENUL State	Zip	•		
	NJ		City	State	Zip
Manager Name	·//	] /	Manager Name		
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Street Address			*Street Address	<u> </u>	<u> </u>
		<u></u>	•		3 10
City	State	Zip	.City	State	Zip
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4gent Name	NI IN RHODE ISLAND	-DO NOT ALTER- (	hanges require filing of Form	642 - R.I.G.L. 7-16-1	
CT CORPORATION S	VATEL		Address		E TE
Address	5151EM				<del>~</del>
10 WEYBOSSET STR	NEET		City	Zip	
	<u></u>		PROVIDENCE	0290	)3.
This report must b	e signed in ink by an	authorized perso	n pursuant to 7-16-66.	SEP 26	
File DaicQ	* 1 1 4 4 8 1-26-12 1580	7 *	Under penalty of perjury, this report, including any and that all statements co	accompanying schedu	eles and statements, and correct.
B <sub>Y:</sub> FOR SECRETARY OF	AMF	_	GANY STERM	J-mana	

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

**€**>:



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

## LIMITED LIABILITY COMPANY

ID	Number	FLLC	114487

	L	IMITED LIABILITY COMPANY
ID	Number FLLC 114487	Annual Report for the year 2001
1.	The name of the limited liability company	ay is:
2.	•	e limited liability company is:  ENGLEWOOD CLIFT, NJ 0763.2
3. 4.	The state or other jurisdiction under the	laws of which it is formed is <u>DELAWARE</u> gent is: <u>CORPORATION SERVICE COMPANY</u>
5.	may be directed are: 210 SYLVM	THE NELSON - LEGAL DEPT, MANAGER
<ul><li>7.</li></ul>	state: COLLECTION ACT	the business in which the limited liability company is actually engaged in this actually engaged
	(MENDEINE MEMBER)	210 SYLVANI AVENUI ENGLEWOOD CLIFFS, N.J. 07632
Di	ated 9/11/01	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.  PALISADES COURCITON, LL C  Exact Name of Limited Liability Company
	eck No.:	MANAGING MEMBER  Form No. 632
Ву	: 2	Revised 01/99