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 2005

Filing Period: September 1 - November 1 ● *Filing Fee: $50.00*

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company
114487	PALISADES COLLECTION, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
DELAWARE	COLLECTION ACTIVITY ON OWNED DEBT

5. Principal office address	City	State	Zip
210 SYLVAN AVE.	ENGLEWOOD CLIFFS	NJ	07632-

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON

Contact Name	Contact Title
Cornerstone Support (Cristy Hall)	Licensing Specialist

Street Address	City	State	Zip
11111 Houze Road	Roswell	GA	30076

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. FILL IN SPACES BELOW. USE ATTACHMENTS (X BOX FOR ATTACHMENT) ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) 7-16-52

Manager Name	Street Address	City	State	Zip
Gary Stern	210 SYLVAN AVE.	ENGLEWOOD CLIFFS	NJ	07632
Manager Name	Street Address	City	State	Zip
Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND. DO NOT ALTER. Changes require filing of Form 642. R.I.G.L. 7-16-1

Agent Name	Address	City	Zip
CT CORPORATION SYSTEM	10 WEYBOSSET STREET	PROVIDENCE	02903-

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

[redacted] 1 1 4 4 8 7 [redacted]

114487 FLLC 09/22/05 11:15:25 AM
File Date 10/24/05
Check No. 2957
By CXC
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

X _____ 10/06/05
Signature of Authorized Person *Date*

[redacted] GARY STERN
Print or Type Name of Authorized Person

Form 632 Rev. 6/02

[redacted]

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 2004

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company
114487	Palisades Collection, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
DELAWARE	Collection Activity on owned Debt.

5. Principal office address	City	State	Zip
210 SYLVAN AVENUE	ENGLEWOOD CLIFFS	NJ	07632

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON

Contact Name	Contact Title		
WENTWORTH BROWNE	LEGAL OPS. MANAGER		
Street Address	**City**	**State**	**Zip**
210 SYLVAN AVENUE	ENGLEWOOD CLIFFS	NJ	07632

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. FILL IN SPACES BEFORE USING ATTACHMENTS. ( ) PROVIDE ATTACHMENT. ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12(a)(2)/7-16-52

Manager Name			Manager Name		
GARRY STERN					
Street Address			**Street Address**		
210 SYLVAN AVENUE					
City	**State**	**Zip**	**City**	**State**	**Zip**
ENGLEWOOD CLIFFS	NJ	07632			
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. (7-16-11)

Agent Name	Address	
CT CORPORATION SYSTEM		
Address	**City**	**Zip**
fg 10 WEYBOSSET STREET	PROVIDENCE	02903

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

[redacted] [redacted]

File Date	
Check No.	
By	
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] 8/17/04
Signature of Authorized Person *Date*

GARRY STERN, MANAGER
Print or Type Name of Authorized Person

[redacted]

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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No	2. Exact name of the limited liability company
114487	PALISADES COLLECTION, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
DELAWARE	COLLECTION ACTIVITY ON OWNED DEBT

5. Principal office address	City	State	Zip
210 SYLVAN AVENUE	ENGLEWOOD CLIFFS	NJ	07632

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
MICHAEL NELSON	LEGAL OPERATIONS MANAGER

Street Address	City	State	Zip
210 SYLVAN AVENUE	ENGLEWOOD CLIFFS	NJ	07632

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
GARY STERN	210 SYLVAN AVENUE	ENGLEWOOD CLIFFS	NJ	07632

Manager Name	Street Address	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	Address	City	Zip
CT CORPORATION SYSTEM		PROVIDENCE	02903-

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

[redacted] * 1 1 4 4 8 7 * [redacted]

File Date 9-10-03
Check No 20916
By

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.

X _____ 9/10/03
Signature of Authorized Person *Date*

GARY STERN - MANAGER
Print or Type Name of Authorized Person

Form 632 Rev. 7/03

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

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*

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liabilty company
114487	PALISADES COLLECTION, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
DELAWARE	COLLECTION ACTIVITY ON OWNED DEBT

5. Principal office address	City	State	Zip
210 SYLVAN AVENUE	ENGLEWOOD CLIFFS	NJ	07632

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
MICHAEL NELSON	LEGAL MANAGER

Street Address	City	State	Zip
210 SYLVAN AVENUE	ENGLEWOOD CLIFFS	NJ	07632

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE

FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐

ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
GARY STERN - MANAGER	210 SYLVAN AVENUE	ENGLEWOOD CLIFFS	NJ	07632
Manager Name	Street Address	City	State	Zip
Manager Name	Street Address	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	Address	City	Zip
CT CORPORATION SYSTEM	10 WEYBOSSET STREET	PROVIDENCE	02903-

FILED
SEP 26 2002
By

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

[redacted]

* 1 1 4 4 8 7 *

[redacted]

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.

X _____ 9/3/02
Signature of Authorized Person *Date*

GARY STERN - MANAGER
Print or Type Name of Authorized Person

File Date	9-26-02
Check No.	1580
By:	AMF

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02

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 **Annual Report for the year** 2001

1. The name of the limited liability company is:

   PALISADES COLLECTION, LLC

2. The address of the principal office of the limited liability company is:

   210 SYLVAN AVENUE ENGLEWOOD CLIFFS, NJ 07632

3. The state or other jurisdiction under the laws of which it is formed is DELAWARE

4. The name and address of its resident agent is: CORPORATION SERVICE COMPANY

   170 WESTMINSTER STREET, SUITE 900 PROVIDENCE RI 02903-

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 210 SYLVAN AVENUE ENGLEWOOD CLIFFS, N.J. 07632 - CONTACT: MICHAEL NELSON - LEGAL DEPT. MANAGER

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: COLLECTION ACTIVITY ON OWNED DEBT

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	*Address*
GARY STERN (MANAGING MEMBER)	210 SYLVAN AVENUE ENGLEWOOD CLIFFS, N.J 07632

Dated 9/11/01

1 1 4 4 8 7

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 COLLECTION, LLC
Exact Name of Limited Liability Company

By X [signature] GARY STERN

MANAGING MEMBER
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	9-13-01
Check No.:	1121
By:	[signature]

Form No. 632
Revised 01/99