



**State of Rhode Island
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Limited Liability Company
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2021

1. ID No. 001022178

2. Exact Name of the Limited Liability Company Jefferson Capital Systems, LLC

3. State of Formation

State: GA

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

561440

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

DEBT COLLECTION

5. Principal Office Address

No. and Street: 16 MCLELAND ROAD
City or Town: ST CLOUD State: MN Zip: 56303 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: COMPLIANCE Contact Title: SUE UNTERBERGER
No. and Street: 16 MCLELAND RD
City or Town: SAINT CLOUD State: MN Zip: 56303 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	DAVID MARC BURTON	16 MCLELAND ROAD ST. CLOUD, MN 56303 USA
MANAGER	MATTHEW JAMES PFOHL	16 MCLELAND ROAD ST. CLOUD, MN 56303 USA

MANAGER

DAVID MITCHELL

16 MCLELAND RD
ST. CLOUD, MN 56303 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI
02888

Signed this 27 Day of August, 2021 at 10:14:50 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DAVID MARC BURTON
Signature of Authorized Person

Form No. 632
Revised 09/07

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State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

August 27, 2021 10:13 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

