

**2021 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: F1495292
Filing Number: 2112274003993
Filing Date/Time: 12/27/2021 03:50 PM
Effective Date/Time: 12/27/2021 03:50 PM



1. CORPORATION NAME:
COLLECTION BUREAU OF THE HUDSON VALLEY, INC. DUE DATE: 12/31/21
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ENTITY SCC ID NO.: F149529-2
CORPORATION SERVICE COMPANY
100 Shockoe Slip Fl 2
Richmond, VA 23219-4100
5. TOTAL NUMBER OF AUTHORIZED SHARES: 200
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
760-RICHMOND CITY
4. STATE OR COUNTRY OF INCORPORATION:
NY-New York

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 155 N Plank Rd CITY/ST/ZIP Newburgh, NY 12550-1747	ADDRESS: CITY/ST/ZIP

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> NAME: ERIC NAJORK TITLE: President ADDRESS: 155 NORTH PLANK ROAD CITY/ST/ZIP: NEWBURGH, NY 12550-0000	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Kurt Najork, COO PRINTED NAME AND CORPORATE TITLE	12-20-21 DATE
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It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

2021 ANNUAL REPORT CONTINUED

CORPORATION NAME:
COLLECTION BUREAU OF THE HUDSON VALLEY, INC.

DUE DATE: **12/31/21**
SCC ID NO.: **F149529-2**

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: KURT NAJORK TITLE: Vice President ADDRESS: 155 NORTH PLANK RD CITY/ST/ZIP: NEWBURGH, NY 12550-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TRISHA NAJORK TITLE: Secretary ADDRESS: 155 N Plank Rd CITY/ST/ZIP: Newburgh, NY 12550-1747</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
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