FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAY -1 PM 5:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 831675 (4)

1. Corporation Name
RECOVERY SERVICES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
TAX DEPT TLP13, 1601 CHESTNUT ST. P. O. BOX 7716 PHILADELPHIA PA 19192 - 2135	TAX DEPT TLP13, 1601 CHESTNUT ST. P. O. BOX 7716 PHILADELPHIA PA 19192 - 2135

3. Date Incorporated or Qualified: 01/21/1974
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-0618365 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip 19192-2135 / 25 Country	29 Zip 19192-2135 / 30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	600001484456 Addition -05/11/95--01085--005 ****200.00 ****200.00
NAME	ENGEL, JAMES	1 2 NAME	
STREET ADDRESS	1601 CHESTNUT STREET	1 3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	1 4 CITY-ST-ZIP	
TITLE	V	2 1 TITLE	☐ Change ☐ Addition
NAME	AVERY, IVAN H.	2 2 NAME	
STREET ADDRESS	1601 CHESTNUT ST.	2 3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	2 4 CITY-ST-ZIP	
TITLE	VP	3 1 TITLE	☐ Change ☐ Addition
NAME	BERGSTEINSSON, PAUL	3 2 NAME	
STREET ADDRESS	1601 CHESTNUT STREET	3 3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	3 4 CITY-ST-ZIP	
TITLE	VT	4 1 TITLE	☐ Change ☐ Addition
NAME	BLENDER, MARCY F.	4 2 NAME	
STREET ADDRESS	1601 CHESTNUT ST.	4 3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	4 4 CITY-ST-ZIP	
TITLE	AS	5 1 TITLE	Assistant Secretary — XX Change ☐ Addition
NAME	BETZLER, RICHARD F.	5 2 NAME	Brunetti, Jeffrey A.
STREET ADDRESS	1601 CHESTNUT STREET	5 3 STREET ADDRESS	1601 Chestnut St.,
CITY-ST-ZIP	PHILADELPHIA PA	5 4 CITY-ST-ZIP	Philadelphia, PA 19192
TITLE	S	6 1 TITLE	☐ Change ☐ Addition
NAME	MULLIGAN, GEORGE D.	6 2 NAME	
STREET ADDRESS	1601 CHESTNUT ST.	6 3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	6 4 CITY-ST-ZIP	SCC 5-1-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Jeffrey A. Brunetti Assistant Sec 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0477225 FP