

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **831675** (4)

1. Corporation Name
RECOVERY SERVICES INTERNATIONAL, INC.



Principal Place of Business TAX DEPT TLP13, 1601 CHESTNUT ST. P. O. BOX 7716 PHILADELPHIA PA 19192-2135	Mailing Address TAX DEPT TLP13, 1601 CHESTNUT ST. P. O. BOX 7716 PHILADELPHIA PA 19192-2135
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3. Date Incorporated or Qualified **01/21/1974** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 21 TWO LIBERTY PLACE Suite, Apt. #, etc. 22 1601 Chestnut St., City & State 23 Philadelphia, PA Zip 24 19192	2a. Mailing Address 26 c/o Tax Department Suite, Apt. #, etc. 27 13 TLP City & State 28 Philadelphia, PA Zip 29 19192-2135	Country 25 PHILA	Country 30 PHILA
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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

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
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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ENGEL, JAMES	
STREET ADDRESS	1601 CHESTNUT STREET	
CITY - ST - ZIP	PHILADELPHIA PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	AVERY, IVAN H.	
STREET ADDRESS	1601 CHESTNUT ST.	
CITY - ST - ZIP	PHILADELPHIA PA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BERGSTENSSON, PAUL	
STREET ADDRESS	1601 CHESTNUT STREET	
CITY - ST - ZIP	PHILADELPHIA PA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BLENDER, MARCY F.	
STREET ADDRESS	1601 CHESTNUT ST.	
CITY - ST - ZIP	PHILADELPHIA PA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BRUNETTI, JEFFREY A	
STREET ADDRESS	1601 CHESTNUT STREET	
CITY - ST - ZIP	PHILADELPHIA PA 19192	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MULLIGAN, GEORGE D.	
STREET ADDRESS	1601 CHESTNUT ST.	
CITY - ST - ZIP	PHILADELPHIA PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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: *Jeffrey A. Brunetti* **Jeffrey A. Brunetti** Asst. Secretary 4/29/96

CR2E034 (12/95)