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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 831675 (4)

1. Corporation Name
RECOVERY SERVICES INTERNATIONAL, INC.

Principal Place of Business

TOW LIBERTY PALCE
1601 CHESTNU ST.
PHILADELPHIA PA 19192
US

Mailing Address

C/O TAX DEPARTMENT 13 TLP
PHILADELPHIA PA 19192
US



2. Principal Place of Business

21 Suite, Apt. # etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/21/1974

3a. Date of Last Report

05/01/1996

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

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

TITLE P
NAME ENGEL, JAMES
STREET ADDRESS 1601 CHESTNUT STREET
CITY-ST-ZIP PHILADELPHIA PA

TITLE V
NAME AVERY, IVAN H.
STREET ADDRESS 1601 CHESTNUT ST.
CITY-ST-ZIP PHILADELPHIA PA

TITLE VP
NAME BERGSTEINSSON, PAUL
STREET ADDRESS 1601 CHESTNUT STREET
CITY-ST-ZIP PHILADELPHIA PA

TITLE VT
NAME BLENDER, MARCY F.
STREET ADDRESS 1601 CHESTNUT ST.
CITY-ST-ZIP PHILADELPHIA PA

TITLE AS
NAME BRUNETTI, JEFFREY A
STREET ADDRESS 1601 CHESTNUT STREET
CITY-ST-ZIP PHILADELPHIA PA 19192

TITLE S
NAME MULLIGAN, GEORGE D.
STREET ADDRESS 1601 CHESTNUT ST.
CITY-ST-ZIP PHILADELPHIA PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES
1.2 NAME GERALDINE F. PRUSKO
1.3 STREET ADDRESS - SAME -
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME CHRISTOPHER E. BARNES
2.3 STREET ADDRESS - SAME -
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE VP - T
4.2 NAME KENNETH R. GARRETT
4.3 STREET ADDRESS - SAME -
4.4 CITY-ST-ZIP

5.1 TITLE AS
5.2 NAME Kim M. Smith
5.3 STREET ADDRESS - SAME -
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kim M. Smith

Date

4/29/97

Daytime Phone #

215-761-1606

0912443

CR2E034 (9/96)