

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **831675**
 1. Corporation Name
Recovery Services INTERNATIONAL, INC



2. Principal Place of Business: **2-LIBERTY-PL-1601 CHESTNUT ST-TL13A PHILADELPHIA PA 19192**
 2a. Mailing Address: **2-LIBERTY-PL-1601 CHESTNUT ST-TL13A PHILADELPHIA PA 19192**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/31/1974**

4. FE Number: **23-0618365**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

8. This corporation has or has paid the current year's annual Personal Property Tax due June 30: yes no

9. Name and Address of Current Registered Agent:
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent:

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

11. Pursuant to the provisions of Section 607.0105, Florida Statutes, the undersigned hereby submits this statement for the purpose of changing the registered office or registered agent or both in the State of Florida. I was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent for this corporation and accept the responsibility for the payment of the filing fee.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	Pres/Dir GERALDINE F. PRUSKO 1601 CHESTNUT ST PHILADELPHIA PA 19192	DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	V. Pres/Dir CHRISTOPHER E. BARNES 1601 CHESTNUT ST PHILADELPHIA PA 19192	DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Treas. KENNETH R. GARRETT 1601 CHESTNUT ST PHILADELPHIA PA 19192	DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ASST. SEC Kim M. Smith 1601 CHESTNUT ST PHILADELPHIA PA 19192	DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Dir. ROBERT A. IRVAN 1601 CHESTNUT ST PHILADELPHIA PA 19192	DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Sec. George D. Mulligan 1601 CHESTNUT STREET PHILADELPHIA PA	DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Add

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*****150.00**

14. I hereby certify that the information supplied with this filing is true and qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is complete and correct 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 of the State of Florida empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of Block 12. Changes in an officer's name will not affect this.

SIGNATURE: **Kim M. Smith** **4/21/98 (615)761-1000**