

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

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90006 012 \*\*\*150.00

PROCT CORPORATION ANNUAL REPORT 2000



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **831675**  
 1. Corporation Name  
**RECOVERY SERVICES INTERNATIONAL, INC.**

Principal Place of Business Mailing Address  
 1601 CHESTNUT ST TL13A PHILADELPHIA PA 19132 US  
 1601 CHESTNUT ST TL13A PHILADELPHIA PA 19132 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	01/21/1974	23-0618365	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired		\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PRUSKO, GERALDINE F <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRES. & DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1601 CHESTNUT STREET	1.2 NAME	KAREN P. FORD
STREET ADDRESS	PHILADELPHIA PA	1.3 STREET ADDRESS	1601 Chestnut St
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Phila, PA 19103
TITLE	VD BARNES, CHRISTOPHER E <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	1601 CHESTNUT ST.	2.2 NAME	
STREET ADDRESS	PHILADELPHIA PA	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TP GARRETT, KENNETH R <input type="checkbox"/> DELETE	3.1 TITLE	TVF <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1601 CHESTNUT STREET	3.2 NAME	
STREET ADDRESS	PHILADELPHIA PA	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	AS SMITH, KIM <input checked="" type="checkbox"/> DELETE	4.1 TITLE	ASSISTANT SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1601 CHESTNUT ST.	4.2 NAME	DAVID B. CORWIN
STREET ADDRESS	PHILADELPHIA PA	4.3 STREET ADDRESS	1601 Chestnut St
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Phila, PA 19103
TITLE	D IRVAN, ROBERT P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1601 CHESTNUT STREET	5.2 NAME	EUGENE C. FAZZI
STREET ADDRESS	PHILADELPHIA PA	5.3 STREET ADDRESS	1601 Chestnut St
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Phila, PA 19103
TITLE	S MULLIGAN, GEORGE D. <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	1601 CHESTNUT ST.	6.2 NAME	
STREET ADDRESS	PHILADELPHIA PA	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: David B. Corwin DAVID B. CORWIN 4/24/00 215-640-1000