

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**  
 05-16-2002 90068 038 \*\*\*150.00

0001282 AV

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

Principal Place of Business  
**1601 CHESTNUT ST**  
~~FL13A~~  
**PHILADELPHIA PA 19103**  
**US**

Mailing Address  
**1601 CHESTNUT ST**  
~~FL13A~~  
**PHILADELPHIA PA 19103**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
**7L20J**  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
**7L20J**  
 City & State  
 Zip

4. FEI Number **23-0618365** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PRUSKO, GERALDINE F</b> <input checked="" type="checkbox"/> Delete <b>1601 CHESTNUT STREET</b> <b>PHILADELPHIA PA 19103</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD FAZZIE, EUGENE</b> <input checked="" type="checkbox"/> Delete <b>1601 CHESTNUT ST.</b> <b>PHILADELPHIA PA 19103</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TV GARRETT, KENNETH R.</b> <input type="checkbox"/> Delete <b>1601 CHESTNUT STREET</b> <b>PHILADELPHIA PA 19103</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS FORD, JAMES T</b> <input type="checkbox"/> Delete <b>1601 CHESTNUT ST.</b> <b>PHILADELPHIA PA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS FORD, KAREN P</b> <input type="checkbox"/> Delete <b>1601 CHESTNUT STREET</b> <b>PHILADELPHIA PA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BARNES, CHRISTOPHER E</b> <input checked="" type="checkbox"/> Delete <b>1601 CHESTNUT ST.</b> <b>PHILADELPHIA PA 19103</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EDWARD G. TROY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>KAREN P. FORD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASST. TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>WALTER J. STEINMETZ</b> <b>1601 Chestnut St</b> <b>Phila, PA 19103</b>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James T. Ford **James T. Ford** Date 4/15/2002 Daytime Phone # 215640-1000

CR2E034 (9/01)