

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90216 045 \*\*\*150.00

**DOCUMENT # 831675**

1. Entity Name

RECOVERY SERVICES INTERNATIONAL, INC.



Principal Place of Business

1601 CHESTNUT ST  
TL 20 J  
PHILADELPHIA PA 19103  
US

Mailing Address

1601 CHESTNUT ST  
TL 20 J  
PHILADELPHIA PA 19103  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME TROY, EDWARD G  
STREET ADDRESS 1601 CHESTNUT STREET  
CITY-ST-ZIP PHILADELPHIA PA 19103

TITLE VD ☐ Delete  
NAME FORD, KAREN P  
STREET ADDRESS 1601 CHESTNUT ST.  
CITY-ST-ZIP PHILADELPHIA PA 19103

TITLE TV ☒ Delete  
NAME DYMAN, CRAIG A  
STREET ADDRESS 1601 CHESTNUT STREET  
CITY-ST-ZIP PHILADELPHIA PA 19103

TITLE AS ☐ Delete  
NAME FORD, JAMES T  
STREET ADDRESS 1601 CHESTNUT ST.  
CITY-ST-ZIP PHILADELPHIA PA

TITLE DS ☐ Delete  
NAME FORD, KAREN P  
STREET ADDRESS 1601 CHESTNUT STREET  
CITY-ST-ZIP PHILADELPHIA PA

TITLE VP ☐ Delete  
NAME MANSFIELD, ALAN N  
STREET ADDRESS 1601 CHESTNUT ST.  
CITY-ST-ZIP PHILADELPHIA PA 19103

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TREASURER ☐ Change ☒ Addition  
NAME BLAISE, E. SCIOLO  
STREET ADDRESS 1601 CHESTNUT ST  
CITY-ST-ZIP PHILA, PA 19103

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES T. FORD

4/18/05

215-640-1000