


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000003375
 1. Entity Name
SELECT COLLECTIONS SERVICES, INC.



Principal Place of Business Mailing Address
100 OLD YORK RD., SUITE E-108 **100 OLD YORK RD., SUITE E-108**
JENKINTOWN, PA 19046 **JENKINTOWN, PA 19046**

DO NOT WRITE IN THIS SPACE



03222004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
23-2805789 Not Applicable

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

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

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000097836
 03/29/04 00010 024 150.00

10. OFFICERS AND DIRECTORS

TITLE: PST
 NAME: KOSTROW, EARL B
 STREET ADDRESS: 100 OLD YORK RD., SUITE E-108
 CITY-ST-ZIP: JENKINTOWN, PA 19046

TITLE: VP
 NAME: KOSTROW, EARL B
 STREET ADDRESS: 100 OLD YORK RD., SUITE E-108
 CITY-ST-ZIP: JENKINTOWN, PA 19046

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
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 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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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: Earl Kostrow Date: 03/29/04 Daytime Phone #: 215 881-7757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR