

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 831675

Entity Name: RECOVERY SERVICES INTERNATIONAL, INC.

Current Principal Place of Business:

436 WALNUT STREET
TAX DEPT. WB12A
PHILADELPHIA, PA 19106

Current Mailing Address:

436 WALNUT STREET
TAX DEPT. WB12A
PHILADELPHIA, PA 19106 US

FEI Number: 23-0618365

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name VASQUEZ, JOSE
Address 436 WALNUT STREET
City-State-Zip: PHILADELPHIA PA 19106

Title SVP
Name FRANK, MURRAY
Address 436 WALNUT STREET
City-State-Zip: PHILADELPHIA PA 19106

Title T
Name FOGLIETTA, AUDRA
Address 436 WALNUT STREET
City-State-Zip: PHILADELPHIA PA 19106

Title AS
Name FORD, JAMES T
Address 436 WALNUT STREET
City-State-Zip: PHILADELPHIA PA 19106

Title D
Name GREGORY, PENNELL T
Address 436 WALNUT STREET
City-State-Zip: PHILADELPHIA PA 19106

Title S
Name FLEMING, JOHN J
Address 436 WALNUT STREET
City-State-Zip: PHILADELPHIA PA 19106

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES T. FORD

ASSISTANT SECRETARY 04/28/2016

Electronic Signature of Signing Officer/Director Detail

Date