

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004236

Entity Name: STATE COLLECTION SERVICE, INC.**Current Principal Place of Business:**2509 S. STOUGHTON RD
MADISON, WI 53716-3319**Current Mailing Address:**P.O. BOX 6250
MADISON, WI 53716-0250**FEI Number:** 39-0788995**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH 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	CHRM
Name	HAAG, THOMAS DMR
Address	2509 S. STOUGHTON RD
City-State-Zip:	MADISON WI 53716-3319

Title	VP
Name	HANSON, TINA MMS
Address	2509 S. STOUGHTON RD
City-State-Zip:	MADISON WI 53716-3319

Title	SECR
Name	SPAETE, DOUGLAS JMR
Address	2509 S. STOUGHTON RD
City-State-Zip:	MADISON WI 53716-3319

Title	TREA
Name	SPAETE, DOUGLAS JMR
Address	2509 S. STOUGHTON RD
City-State-Zip:	MADISON WI 53716-3319

Title	PRES
Name	ARMSTRONG, TERRY
Address	2509 S STOUGHTON RD
City-State-Zip:	MADISON WI 53716-3319

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: DOUGLAS SPAETE**TREASURER****02/17/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date