

**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 *2-1*

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

20042906



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-0618365

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	TROY, EDWARD G	
STREET ADDRESS	1601 CHESTNUT STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FORD, KAREN P	
STREET ADDRESS	1601 CHESTNUT ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	TV	<input checked="" type="checkbox"/> Delete
NAME	<del>BYMAN, CRAIG A</del>	
STREET ADDRESS	1601 CHESTNUT STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FORD, JAMES T	
STREET ADDRESS	1601 CHESTNUT ST.	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FORD, KAREN P	
STREET ADDRESS	1601 CHESTNUT STREET	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MANSFIELD, ALAN N	
STREET ADDRESS	1601 CHESTNUT ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19103	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLAISE, E. SCIOLI	
STREET ADDRESS	1600 CHESTNUT ST	
CITY-ST-ZIP	PHILA, PA 19103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*James T. Ford*

JAMES T. FORD

4/18/05

215-640-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #