

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90019 007 ***150.00

DOCUMENT # 841891

1. Entity Name

OSI COLLECTION SERVICES, INC.

Principal Place of Business

**2520 S. 170TH ST.
 NEW BERLIN WI 53151
 US**

Mailing Address

**2520 S. 170TH ST.
 NEW BERLIN WI 53151
 US**

2. Principal Place of Business

2520 S. 170th Street

Suite, Apt. #, etc.

P.O. Box 510955

City & State

New Berlin, WI

Zip
53151-0955

Country
US

3. Mailing Address

2520 S. 170th Street

Suite, Apt. #, etc.

P.O. Box 510955

City & State

New Berlin, WI

Zip
53151-0955

Country
US

4. FEI Number

39-1314048

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **VPS** ☐ Delete
 NAME **SEELING, RICHARD**
 STREET ADDRESS **919 OXFORD RD**
 CITY-ST-ZIP **WAUKESHA WI 53186**

TITLE **VPS** ☒ Delete
 NAME **BOHMANN, JAMES R.**
 STREET ADDRESS **5655 COUNTY LINE RD**
 CITY-ST-ZIP **OOLGATE WI 53017**

TITLE **AS** ☐ Delete
 NAME **HOFFMAN, RICHARD**
 STREET ADDRESS **6238 WESTMINSTER PLACE**
 CITY-ST-ZIP **ST LOUIS MO 63130**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/T/D** ☐ Change ☐ Addition
 NAME **Timothy G. Beffa**
 STREET ADDRESS **2015 Kingspointe Drive**
 CITY-ST-ZIP **St. Louis, MO 63005**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard N. Seeling
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard N. Seeling
 Vice-President / Secretary

1-16-02

(262) 780-2000

Date

Daytime Phone #

CR2E034 (9/01)