

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90007 039 \*\*\*150.00

**DOCUMENT # 841891**

1. Entity Name  
OSI COLLECTION SERVICES, INC.



Principal Place of Business

2520 S. 170TH ST.  
P.O. BOX 510955  
NEW BERLIN, WI 53151-0955 US

Mailing Address

2520 S. 170TH ST.  
P.O. BOX 510955  
NEW BERLIN, WI 53151-0955 US

54017312



02252004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**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 \_\_\_\_\_

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, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE AS  
NAME HOFFMAN, RICHARD  
STREET ADDRESS 390 SOUTH WOODS MILL RD., STE 350  
CITY-ST-ZIP CHESTERFIELD, MO 63017

TITLE PTD  
NAME WELLER, GARY L  
STREET ADDRESS 390 SOUTH WOODS MILL RD., STE 350  
CITY-ST-ZIP CHESTERFIELD, MO 63017

TITLE VS  
NAME SEELING, RICHARD N  
STREET ADDRESS 2520 S. 170TH ST., PO BOX 510955  
CITY-ST-ZIP NEW BERLIN, WI 531510955

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/04 262-780-2000

Date

Daytime Phone #

Richard N. Seeling, Vice President/Secretary