

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90286 011 ***150.00

DOCUMENT # F01000001548

1. Entity Name

THE RECEIVABLE MANAGEMENT SERVICES CORPORATION

Principal Place of Business

**ONE DIAMOND HILL ROAD
 MURRAY HILL NJ 07974**

Mailing Address

**ONE DIAMOND HILL ROAD
 MURRAY HILL NJ 07974**

2. Principal Place of Business

899 EATON AVE.

3. Mailing Address

899 EATON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BETHLEHEM, PA

City & State

BETHLEHEM, PA

4. FEI Number

22-3781605

Applied For

Not Applicable

Zip

18025

Country

USA

Zip

18025

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSD
 LEWINTER, DAVID J
 ONE DIAMOND HILL ROAD
 MURRAY HILL NJ 07974** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VSD
 LEVIN, ROBERT J
 ONE DIAMOND HILL ROAD
 MURRAY HILL NJ 07974** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PRESIDENT / DIRECTOR
 DAVID M. HUEBNER
 899 EATON AVE.
 BETHLEHEM, PA 18025** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VICE PRESIDENT / DIRECTOR
 FORREST R. OLD
 899 EATON AVE.
 BETHLEHEM, PA 18025** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TREASURER
 MITCHELL S. BENVENISTE
 899 EATON AVE.
 BETHLEHEM, PA 18025** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DIRECTOR
 MICHAEL KRONENFELD
 899 EATON AVE.
 BETHLEHEM, PA 18025** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DIRECTOR
 PETER DEL PRESTO
 625 LIBERTY AVE.
 PITTSBURGH, PA 15222** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DIRECTOR
 JACK GLOVER
 625 LIBERTY AVE.
 PITTSBURGH, PA 15222** ☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

(484)242-6514

Daytime Phone #

CR2E034 (9/01)