

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91089 013 ***150.00

DOCUMENT # F01000001548

1. Entity Name
THE RECEIVABLE MANAGEMENT SERVICES CORPORATION



Principal Place of Business
**899 EATON AVE.
BETHLEHEM PA 18025**

Mailing Address
**899 EATON AVE.
BETHLEHEM PA 18025**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-3781605**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. 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, 2003 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HUEBNER, DAVID	
STREET ADDRESS	899 EATON AVE.	
CITY-ST-ZIP	BETHLEHEM PA 18025	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OLD, FORREST R	
STREET ADDRESS	899 EATON AVE.	
CITY-ST-ZIP	BETHLEHEM PA 18025	
TITLE	T	<input type="checkbox"/> Delete
NAME	BENVENISTE, MITCHELL S	
STREET ADDRESS	899 EATON AVE.	
CITY-ST-ZIP	BETHLEHEM PA 18025	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRONENFELD, MICHAEL	
STREET ADDRESS	899 EATON AVE.	
CITY-ST-ZIP	BETHLEHEM PA 18025	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEL PRESTO, PETER	
STREET ADDRESS	899 EATON AVE.	
CITY-ST-ZIP	BETHLEHEM PA 18025	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLOVER, JACK	
STREET ADDRESS	899 EATON AVE.	
CITY-ST-ZIP	BETHLEHEM PA 18025	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<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	<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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MITCHELL BENVENISTE

Date

Daytime Phone #

3/10/03

CR2E034 (10/02)