2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# F01000006438

Entity Name: NORTHWEST COLLECTORS INC.

Current Principal Place of Business:

3601 ALGONQUIN ROAD, SUITE 500
ROLLING MEADOWS, IL 60008

New Principal Place of Business:

3601 ALGONQUIN ROAD
SUITE 232
ROLLING MEADOWS, IL 60008

Current Mailing Address:

3601 ALGONQUIN ROAD, SUITE 500
ROLLING MEADOWS, IL 60008

New Mailing Address:

3601 ALGONQUIN ROAD
SUITE 232
ROLLING MEADOWS, IL 60008

FEI Number: 36-2691365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CRAWFORD, ADAM F
Address: 4145 LARKSPOR
City-St-Zip: LAKE IN THE HILLS, IL 60102

Title: TD ( ) Delete
Name: MARY, CRAWFORD A
Address: 4145 LARKSPOR
City-St-Zip: LAKE IN THE HILLS, IL 60102

Title: SD ( ) Delete
Name: SCHOENIG, JUDITH M
Address: 903 WEST RIVER TERRACE
City-St-Zip: MCHENRY, IL 60051

Title: CD ( ) Delete
Name: SCHOENIG, THOMAS R
Address: 903 WEST RIVER TERRACE
City-St-Zip: MCHENRY, IL 60051

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: ADAM, CRAWFORD F
Address: 4145 LARKSPOR
City-St-Zip: LAKE IN THE HILLS, IL 60102

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADAM F CRAWFORD PD 01/05/2006

Electronic Signature of Signing Officer or Director — Date