

F0100006438

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE**NORTHWEST COLLECTORS INC.**

Certificate of Status	0
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3/25/09
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Illinois ☒ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Northwest Collectors, Inc.
2. The principal office address: 3601 Algonquin Rd Ste 232, Rolling Meadows, IL 60008
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/18/2001 Document number: FO1000006438

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301-2525

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

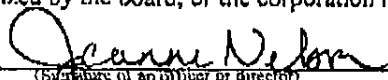
c/o C T Corporation System, 1200 South Pine Island Road

(P.O. Box NOT acceptable)

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

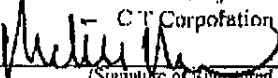
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Jeanne Nelson, Attorney-In-Fact

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed in order to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: 
(Signature of Registered Agent)

C T Corporation System
Michele Miller
Assistant Secretary

3/24/09

(Date)

If signing on behalf of an entity:

Northwest Collectors, Inc.

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E013 (8/05)

PLANNED 10/06/2008 C.T. System Online

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09 MAR 26 PM 12:55
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TALLAHASSEE FLORIDA

LIMITED POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Thomas R. Schornick, (Chairman), a CORPORATION incorporated under the laws of the state of ILLINOIS and the direct or indirect owner of the subsidiary entities, does hereby appoint Jeanne Nelson and Michele Miller, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the CORPORATION to act for the CORPORATION and in the CORPORATION name for the limited purposes authorized herein.

The CORPORATION and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the CORPORATION's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation, as directed and authorized by the CORPORATION. The attorney-in-fact will not make such changes without the prior approval of the CORPORATION.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Jeanne Nelson and Michele Miller shall exercise the power of Vice President, Secretary and/or Manager.

This Power of Attorney expires when revoked by the undersigned.

IN WITNESS WHEREOF the undersigned has executed this Limited Power of Attorney of

this 3 day of March, 2009.

Northwest Collections Inc
Company Name

Chairman/CEO
Signature and Title

Sworn to before me this 3 day of
March, 2009.

[Signature]
Notary Public

Circle States to Change

Alaska	Kentucky	N. Dakota
Alabama	Louisiana	Ohio
Arizona	Maine	Oklahoma
Arkansas	Maryland	Oregon
California	Massachusetts	Pennsylvania
Colorado	Michigan	Rhode Island
<u>Connecticut</u>	Minnesota	S. Carolina
Delaware	Mississippi	S. Dakota
District of Columbia	Missouri	Tennessee
<u>Florida</u>	Montana	Texas
Georgia	Nebraska	Utah
Hawaii	Nevada	Vermont
Idaho	N. Hampshire	Virginia
Illinois	New Jersey	Washington
<u>Indiana</u>	New Mexico	W. Virginia
Iowa	New York	Wisconsin
Kansas	N. Carolina	ALL STATES

