# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 09, 2012**
**Secretary of State**

DOCUMENT# F01000006438

**Entity Name:** NORTHWEST COLLECTORS INC.

**Current Principal Place of Business:**

3601 ALGONQUIN ROAD
SUITE 232
ROLLING MEADOWS, IL 60008

**New Principal Place of Business:**

**Current Mailing Address:**

3601 ALGONQUIN ROAD
SUITE 232
ROLLING MEADOWS, IL 60008

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

Title: PD
Name: CRAWFORD, ADAM F
Address: 2021 DORCHESTER AVE
City-St-Zip: ALGONQUIN, IL 60102

Title: TD
Name: ADAM, CRAWFORD F
Address: 2021 DORCHESTER AVE
City-St-Zip: ALGONQUIN, IL 60102

Title: SD
Name: SCHOENIG, JUDITH M
Address: 903 RIVER TERRACE DRIVE
City-St-Zip: JOHNSBURG, IL 60051

Title: CD
Name: SCHOENIG, THOMAS R
Address: 903 RIVER TERRACE DRIVE
City-St-Zip: JOHNSBURG, IL 60051

I hereby 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 all other like empowered.

SIGNATURE: ADAM F CRAWFORD PRES 02/09/2012

Electronic Signature of Signing Officer or Director — Date