2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 MAY 12 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000001657

1. Entity Name
WOLPOFF & ABRAMSON RECOVERY SERVICES CORPORATION

Principal Place of Business	Mailing Address
5350 SPECTRUM DRIVE STE A FREDERICK, MD 21703	5350 SPECTRUM DRIVE STE A FREDERICK, MD 21703

DO NOT WRITE IN THIS SPACE

04142004 No Chg-P CR2E034 (10/03)

4. FEI Number
55-0821301

☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WOLPOFF, STUART J
STREET ADDRESS	10801 NANTUCKET TERRACE
CITY-ST-ZIP	POTOMAC, MD 20854
TITLE	V
NAME	ABRAMSON, RONALD M
STREET ADDRESS	13611 DAPHNEY HOUSE CT.
CITY-ST-ZIP	ROCKVILLE, MD 20850
TITLE	T
NAME	ABRAMSON, LAURENCE C
STREET ADDRESS	4900 BENT CROSS DRIVE
CITY-ST-ZIP	POTOMAC, MD 20854
TITLE	S
NAME	WOLPOFF, HARRY K
STREET ADDRESS	6700 ARROYO COURT
CITY-ST-ZIP	ROCKVILLE, MD
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200036275672
05/13/04--01077--016 **550.00

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5/13 KM

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: _____ (240)-386-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Stuart J. Wolpoff, President