## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

**NEW YORK NY 10066** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9300000775 (7)

GREAT LAKES COLLECTION BUREAU INC.

Principal Place of Business Mailing Address 45 OAK ST. 45 OAK ST. **BUFFALO NY 14203 BUFFALO NY 14203** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/04/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 16-1037524 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 81 Name 110 NORTH MAGNOLIA STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or panied name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Change **X** Addition 1.1 TITLE Director CASTLEVETERE. JOEL NAME 1.2 NAME Richard Cole **45 OAK STREET** STREET ADDRESS 1.3 STREET ADDRESS 260 Long Ridge Road **BUFFALO NY 14203** CHTY-ST-ZIP 1.4 CITY - ST - ZIP Stamford, CT 06927 DELETE TITLE 2.1 TITLE ☐ Change Addition TAGLIARINO, ELLEN NAME 2.2 NAME 45 OAK STREET STREET ADDRESS 2.3 STREET ADDRESS **BUFFALO NY 14203** CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition WOJCIK, DONNA M NAME 3.2 NAME **45 OAK STREET** STREET ADDRESS 3.3 STREET ADDRESS **BUFFALO NY 14203** CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TOLE Addition STEWART, EDWARD D NAME 4 2 NAME **1600 SUMMER STREET** STREET ADDRESS 4.3 STREET ADDRESS STAMFORD CT 06927 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 51 TITLE ☐ Change Addition STERN, ANN C NAME 5.2 NAME 115 BROADWAY

 I hereby certify that the inform indicated on this annual report officer or director of the color ntion 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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ed, or on an attachment with an address. Block 12 or Block 13 if chair

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

5.4 CITY - ST - 7IP

6.1 TITLE

6.2 NAME

DELETE

Change

Addition

**FILED** 

Apr 10 1998 8:00am

Secretary of State