

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90004 022 ***150.00

DOCUMENT # F93000000775

1. Corporation Name
GREAT LAKES COLLECTION BUREAU INC.

Principal Place of Business
45 OAK ST.
BUFFALO NY 14203

Mailing Address
45 OAK ST.
BUFFALO NY 14203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1993

4. FEI Number

16-1037524

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME CASTLEVETTERE, JOEL
STREET ADDRESS 45 OAK STREET
CITY-ST-ZIP BUFFALO NY 14203

1.1 TITLE Treasurer ☐ Change ☒ Addition
1.2 NAME Richard D. Surber
1.3 STREET ADDRESS 45 Oak Street
1.4 CITY-ST-ZIP Buffalo, NY 14203

TITLE VPT ☒ DELETE
NAME TAGLIARINO, ELLEN
STREET ADDRESS 45 OAK STREET
CITY-ST-ZIP BUFFALO NY 14203

2.1 TITLE Vice President ☐ Change ☒ Addition
2.2 NAME Donna M. Wojcik
2.3 STREET ADDRESS 45 Oak Street
2.4 CITY-ST-ZIP Buffalo, NY 14203

TITLE S ☒ DELETE
NAME WOJCIK, DONNA M
STREET ADDRESS 45 OAK STREET
CITY-ST-ZIP BUFFALO NY 14203

3.1 TITLE Secretary ☐ Change ☒ Addition
3.2 NAME Benjamin J. Fitt
3.3 STREET ADDRESS 45 Oak Street
3.4 CITY-ST-ZIP Buffalo, NY 14203

TITLE D ☐ DELETE
NAME STEWART, EDWARD D
STREET ADDRESS 1600 SUMMER STREET
CITY-ST-ZIP STAMFORD CT 06927

4.1 TITLE Director ☐ Change ☒ Addition
4.2 NAME Joel Castlevetere
4.3 STREET ADDRESS 45 Oak Street
4.4 CITY-ST-ZIP Buffalo, NY 14203

TITLE D ☐ DELETE
NAME STERN, ANN C
STREET ADDRESS 115 BROADWAY
CITY-ST-ZIP NEW YORK NY 10066

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME COLE, RICHARD
STREET ADDRESS 260 LONG RIDGE ROAD
CITY-ST-ZIP STAMFORD CT 06927

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

716-847-6767

Daytime Phone #

CR2E034 (11/98)