
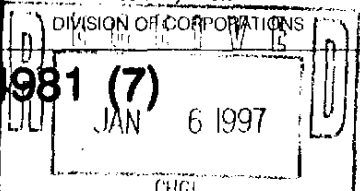


002 5-9-97 B-0810-C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State	
DOCUMENT # F93000004981 (7)					
1. Corporation Name FIRSTCOLLECT, INC.		CHGI CORPORATE TAX DEPARTMENT			
Principal Place of Business 3104 CROASDAILE DRIVE BUILDING 400 DURHAM NC 27705 US		Mailing Address ATTN: TAX DEPARTMENT P. O. BOX 15309 DURHAM NC 27704-0309 US			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/03/1993	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 05/01/1996	
22 City & State		27 City & State		4. FEI Number 56-1761493	
23 Zip		28 Zip		Applied For Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		81 Name		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City		85 Zip Code	
		FL			
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					
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, JACKIE H		1.2 NAME	GAINES, EDWARD R., III	
STREET ADDRESS	3104 CROASDAILE DR., BLDG 400		1.3 STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC		1.4 CITY-ST-ZIP	DURHAM, NC 27705	
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINCE, MARK		2.2 NAME		
STREET ADDRESS	3104 CROASDAILE DRIVE BLDG 400		2.3 STREET ADDRESS		
CITY-ST-ZIP	DURHAM NC		2.4 CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWEESY, TONI M		3.2 NAME	FELDSTEIN, DAVID	
STREET ADDRESS	3708 MAYFAIR ST., #201		3.3 STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC 27707		3.4 CITY-ST-ZIP	DURHAM, NC 27705	
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDEBILT, G. A		4.2 NAME		
STREET ADDRESS	72 LOVETON CIR., STE. 302		4.3 STREET ADDRESS		
CITY-ST-ZIP	SPARKS MD		4.4 CITY-ST-ZIP		
TITLE	DCEO	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUGGS, EDWARD L JR		5.2 NAME		
STREET ADDRESS	3114 CROASDAILE DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	DURHAM NC		5.4 CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, R. DAVID		6.2 NAME		
STREET ADDRESS	2828 CROASDAILE DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	DURHAM NC		6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

4-25-97 (010) 382-0355

CR2E034 (9/96)