

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  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90024 038 \*\*\*150.00

0549032

DOCUMENT # F93000004981

1. Corporation Name  
FIRSTCOLLECT, INC.

Principal Place of Business  
3104 CROASDALE DRIVE  
BUILDING 400  
DURHAM NC 27705  
US

Mailing Address  
ATTN: TAX DEPARTMENT  
PO BOX 2860  
DURHAM NC 27715  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/03/1993

4. FEI Number  
56-1761493

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

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

2. Principal Place of Business

21 72 Loveton Circle

Suite, Apt. #, etc.  
22 Suite 302

City & State  
23 Sparks, Maryland

Zip Country  
24 21152 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country  
29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

TITLE S  
NAME GAINES, EDWARD R  
STREET ADDRESS 3114 CROASDALE DRIVE  
CITY-ST-ZIP DURHAM NC 27715 ☐ DELETE

TITLE PD  
NAME PRINCE, MARK  
STREET ADDRESS 3114 CROASDALE DRIVE  
CITY-ST-ZIP DURHAM NC 27715 ☐ DELETE

TITLE T  
NAME FELDSTEIN, DAVID  
STREET ADDRESS 3114 CROASDALE DRIVE  
CITY-ST-ZIP DURHAM NC 27715 ☐ DELETE

TITLE PD  
NAME VANDERBILT, G. A  
STREET ADDRESS 72 LOVETON CIR., STE. 302  
CITY-ST-ZIP SPARKS MD ☐ DELETE

TITLE DCEO  
NAME SUGGS, EDWARD L JR  
STREET ADDRESS 3114 CROASDALE DR.  
CITY-ST-ZIP DURHAM NC ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)