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Jan 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000002339 (8)

1. Corporation Name  
MQC COLLECTION SERVICES, INC.

Principal Place of Business Mailing Address  
P.O. BOX 14474 TOLEDO OH 43614 P.O. BOX 14474 TOLEDO OH 43614-0474



3. Date Incorporated or Qualified 05/12/1995 3a. Date of Last Report 05/01/1996  
4. FEI Number 34-1254732 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 has liability for intangible tax under s. 199.032, Florida Statutes 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  
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 file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE PVD RICKARD III, HAROLD S  
NAME RICKARD III, HAROLD S  
STREET ADDRESS 5620 SOUTHWYCK BLVD., STE 206  
CITY-ST-ZIP TOLEDO OH  
TITLE VD OVERCASHIER, JOAN  
NAME OVERCASHIER, JOAN  
STREET ADDRESS 5620 SOUTHWYCK BLVD., STE 206  
CITY-ST-ZIP TOLEDO OH  
TITLE S SCHEANWALD, THOMAS  
NAME SCHEANWALD, THOMAS  
STREET ADDRESS 5620 SOUTHWYCK BLVD., STE.206  
CITY-ST-ZIP TOLEDO OH  
TITLE TD RICKARD, MARGARET  
NAME RICKARD, MARGARET  
STREET ADDRESS 5620 SOUTHWYCK BLVD., STE 206  
CITY-ST-ZIP TOLEDO OH  
TITLE CD RICKARD JR, HAROLD S  
NAME RICKARD JR, HAROLD S  
STREET ADDRESS 5620 SOUTHWYCK BLVD., STE 206  
CITY-ST-ZIP TOLEDO OH

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 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: [Signature] SIGNATURE REQUIRED

1-23-97 4198666227  
Date Daytime Phone #

CR2E034 (9/96)