

# F 95000003946

POST OFFICE BOX 13270  
DAVANNAN, GEORGIA 31410

DAVANNAN, GEORGIA 31408

TEL. 012-927-4700

August 9, 1995

Florida Department of State  
Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

700001560047  
-08/15/95--01037--013  
\*\*\*\*\*78.75 \*\*\*\*\*70.75

RE: Application by Foreign Corporation for Authorization to Transact Business in Florida  
for Credit Collection Services, Inc.

To Whom It May Concern:

Please be advised that I have been retained by Credit Collection Services, Inc. in connection with its qualification for authorization to transact business in Florida. Accordingly, I am enclosing an original application completed in its entirety, an original certificate of existence, less than 90 days old, duly authenticated by the Secretary of State of Georgia, along with my check in the amount of \$78.75, representing the filing fee (\$35.00), the Registered Agent Designation fee (\$35.00) and the fee for obtaining a certificate of status (\$8.75).

If you need additional information, please do not hesitate to contact me immediately. Your assistance in this matter is greatly appreciated.

Sincerely and cordially,



Arden J. Hadwin

AJH/ash  
Enc:

FILED  
95 AUG 14 PM 5:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:

1. CITEL COLLECTION SERVICES, INC.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. State of Georgia 3. 58-1942956  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/22/91 5. perpetual  
(Date of Incorporation) (Duration: Year corp. will consent to exist or "perpetual")

6. N/A  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))

7. P.O. Box 60931  
Savannah, Georgia 31420  
(Current mailing address)

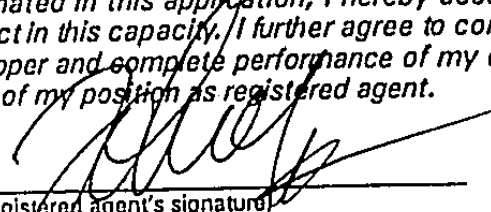
8. collection of account indebtedness  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: C T Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida, 33324  
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
(Registered agent's signature)  
John J. Masters, Asst. Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: DAVID FREITAG

Address: 15 E. Montgomery Crossroad, Suite C  
Savannah, Georgia 31406

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: DAVID FREITAG

Address: 15 E. Montgomery Crossroad, Suite C  
Savannah, Georgia 31406

Vice President: None

Address: \_\_\_\_\_

Secretary: TERESA FREITAG


Address: 15 E. Montgomery Crossroad, Suite C  
Savannah, Georgia 31406

Treasurer: None

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DAVID FREITAG, Chairman, President  
(Typed or printed name and capacity of person signing application)

**Secretary of State**  
**Corporations Division**  
**Suite 315, West Tower**  
**2 Martin Luther King Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

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JURISDICTION : GEORGIA  
PRINT DATE : 05/16/1995  
FORM NUMBER : 211

ARDEN J. HADWIN  
P.O. BOX 13279  
SAVANNAH GA 31416

**CERTIFICATE OF EXISTENCE**

I, MAX CLELAND, Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**CREDIT COLLECTION SERVICES, INC.**  
**A DOMESTIC PROFIT CORPORATION**

was formed in the jurisdiction stated above and was incorporated, formed, or authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution or certificate of cancellation with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



CORPORATIONS  
656-2817

CORPORATIONS HOT LINE  
404-656-2222  
Outside Metro-Atlanta

*Max Cleland*  
MAX CLELAND  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
95 AUG 14, PM 5:01  
**FILED**