

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

FILED  
Feb 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000004650 (6)**

1. Corporation Name  
**EAST MISSISSIPPI COLLECTION CORP.**

Principal Place of Business  
**137 WASHINGTON STREET  
NORWELL MA 02018**

Mailing Address  
**137 WASHINGTON STREET  
NORWELL MA 02018**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>133 Washington St.</b> Suite, Apt. #, etc. 22 <b>Norwell, MA</b> City & State 23 Zip <b>02168</b> Country		2a. Mailing Address 26 <b>137 Washington St.</b> Suite, Apt. #, etc. 27 <b>Norwell, MA</b> City & State 28 Zip <b>02168</b> Country		3. Date Incorporated or Qualified <b>09/25/1995</b>	
				4. FEI Number <b>04-3214513</b> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	


8. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
CD	SCHOTTENSTEIN, JAY 133 WASHINGTON STREET NORWELL MA 02018	<input checked="" type="checkbox"/> DELETE	
PD	LEVINE, ARTHUR G 137 WASHINGTON STREET NORWELL MA 02018	<input type="checkbox"/> DELETE	President Arthur G. Levine 133 Washington St. Norwell, MA 02168
VTD	KETTELER, THOMAS 137 WASHINGTON STREET NORWELL MA 02018	<input checked="" type="checkbox"/> DELETE	
S	BAIN, IRWIN 137 WASHINGTON STREET NORWELL MA 02018	<input checked="" type="checkbox"/> DELETE	Secretary & Treasurer Philip P. Dine 133 Washington St. Norwell, MA 02168
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	

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; 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 in an attachment with an address.

SIGNATURE:  Philip P. Dine, Secretary (800) 783-2055

CR2E034 (10/97)