

FILED

Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000002491 (6) 1. Corporation Name LIQUIDATION COLLECTIONS, INC.			
Principal Place of Business		Mailing Address	
PO BOX 660237		PO BOX 660237	
DALLAS TX 75266-0237		DALLAS TX 75266-0237	
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		29	
25		30	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			
			81 Name
			82 Street Address
			83
			84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate 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)			
12. OFFICERS AND DIRECTORS			
TITLE	DV	<input type="checkbox"/> DELETE	13.
NAME	JOHNSON, JAMES S		1.1 TITLE
STREET ADDRESS	250 CARPENTER FWY		1.2 NAME
CITY - ST - ZIP	IRVING TX 75062		1.3 STREET ADDRESS
TITLE	DP	<input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP
NAME	SLONE, THOMAS R		2.1 TITLE
STREET ADDRESS	250 CARPENTER FWY		2.2 NAME
CITY - ST - ZIP	IRVING TX 75062		2.3 STREET ADDRESS
TITLE	DV	<input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP
NAME	SPRINGER, JAY E		3.1 TITLE
STREET ADDRESS	250 CARPENTER FWY		3.2 NAME
CITY - ST - ZIP	IRVING TX 75062		3.3 STREET ADDRESS
TITLE	VT	<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP
NAME	HUGHES, JOHN F		4.1 TITLE
STREET ADDRESS	250 CARPENTER FWY		4.2 NAME
CITY - ST - ZIP	IRVING TX 75062		4.3 STREET ADDRESS
TITLE	AVPS	<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP
NAME	GREENE, PATRICK J		5.1 TITLE
STREET ADDRESS	250 CARPENTER FWY		5.2 NAME
CITY - ST - ZIP	IRVING TX		5.3 STREET ADDRESS
TITLE	V	<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP
NAME	FULLEN, H JAMES		6.1 TITLE
STREET ADDRESS	250 CARPENTER FWY		6.2 NAME
CITY - ST - ZIP	IRVING TX 75062		6.3 STREET ADDRESS
14. I hereby certify that the information supplied with this filing complies with the requirements of the law stated in s indicated on this annual report or supplemental annual report as required by my signature as officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Block 12 or Block 13 if changed, or on an attachment with the address.			
SIGNATURE: <i>[Signature]</i>			