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Apr 27, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000002491

1. Corporation Name
LIQUIDATION COLLECTIONS, INC.

Principal Place of Business

PO BOX 660237
DALLAS TX 75266-0237

Mailing Address

PO BOX 660237
DALLAS TX 75266-0237

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 County

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

05/17/1996

4. FEI Number

38-3273165

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 ☒ DELETE
NAME ~~JOHNSON, JAMES S~~
STREET ADDRESS 250 CARPENTER FWY
CITY-ST-ZIP IRVING TX 75062

TITLE ☐ DELETE
NAME DP
SLONE, THOMAS R
STREET ADDRESS 250 CARPENTER FWY
CITY-ST-ZIP IRVING TX 75062

TITLE ☒ DELETE
NAME DV
SPRINGER, JAY E
STREET ADDRESS 250 CARPENTER FWY
CITY-ST-ZIP IRVING TX 75062

TITLE ☐ DELETE
NAME VT
HUGHES, JOHN F
STREET ADDRESS 250 CARPENTER FWY
CITY-ST-ZIP IRVING TX 75062

TITLE ☐ DELETE
NAME AVPS
GREENE, PATRICK J
STREET ADDRESS 250 CARPENTER FWY
CITY-ST-ZIP IRVING TX

TITLE ☒ DELETE
NAME ~~5~~
FULLEN, H JAMES.
STREET ADDRESS 250 CARPENTER FWY
CITY-ST-ZIP IRVING TX 75062

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Nichols, R. Stephen
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 Skelton, Michael W.
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 Lisakow, Frederic C.
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 indicates 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 statement; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)