

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004703

1. Entity Name

1-800-COLLECT, INC.

Principal Place of Business

~~ATTN: INCOME TAX DEPT.~~
~~1133 19TH STREET NW~~
~~WASHINGTON DC 20006~~

Mailing Address

ATTN: INCOME TAX DEPT.
1133 19TH STREET NW
WASHINGTON DC 20036-3604
US

2. Principal Place of Business

500 Clinton Center Dr.

Suite, Apt. **Clinton, MS 39056**

City & State

Zip

Country

US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRICE, TIMOTHY 1801 PENNSYLVANIA AVE, NW WASHINGTON DC 20006	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGTC NAGEL, WALTER 1133 19TH STREET, NW WASHINGTON DC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SALSBURY, MICHAEL 1801 PENNSYLVANIA AVE, NW WASHINGTON DC 20006	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ST JOHN, JONELLE 1801 PENNSYLVANIA AVE, NW WASHINGTON DC 20006	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ROBERTS, BERT C 1801 PENNSYLVANIA AVE, NW WASHINGTON DC 20006	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D CEO BERNARD EBBERS 500 Clinton Center Dr. Clinton, MS 39056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCOTT SULLIVAN 500 Clinton Center Dr. Clinton, MS 39056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Walter Nagel* **Walter Nagel**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P. & Gen. Tax Counsel

Date

4/24/00

Daytime Phone #

202-736-6000



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90064 021 ***150.00