

2-17-98 B2148 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 17 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 # F97000002171 (3)
 1. Corporation Name
NCO FINANCIAL SYSTEMS, INC.



Principal Place of Business: **1740 WALTON ROAD BLUE BELL PA 19422**
 Mailing Address: **1740 WALTON ROAD BLUE BELL PA 19422**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	515 PENNSYLVANIA AVENUE	26	515 PENNSYLVANIA AVE	04/24/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				23-1670927	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Fort Washington, Pennsylvania		Fort Washington, PA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	Zip	28	Zip	7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	19034	29	19034		
Country		Country			
U.S.A.		USA			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM				81 Name			
1200 SOUTH PINE ISLAND ROAD				82 Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE	P/C/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARRIST, MICHAEL J			1.2 NAME	Barrist, Michael J.		
STREET ADDRESS	1740 WALTON ROAD			1.3 STREET ADDRESS	515 Pennsylvania Avenue		
CITY-ST-ZIP	BLUE BELL PA 19422			1.4 CITY-ST-ZIP	Fort Washington, PA 19034		
TITLE	EVD	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PIOLA, CHARLES C JR			2.2 NAME	Piola, Charles C. Jr.		
STREET ADDRESS	1740 WALTON ROAD			2.3 STREET ADDRESS	515 Pennsylvania Avenue		
CITY-ST-ZIP	BLUE BELL PA 19422			2.4 CITY-ST-ZIP	Fort Washington, PA 19034		
TITLE	DV	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, BERNARD R SR			3.2 NAME	Miller, Bernard R. Sr.		
STREET ADDRESS	1740 WALTON ROAD			3.3 STREET ADDRESS	515 Pennsylvania Avenue		
CITY-ST-ZIP	BLUE BELL PA 19422			3.4 CITY-ST-ZIP	Fort Washington, PA 19034		
TITLE	COP	<input type="checkbox"/> DELETE		4.1 TITLE	SV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NOAH, MICHAEL G			4.2 NAME	Noah, Michael G.		
STREET ADDRESS	55 DODGE ROAD			4.3 STREET ADDRESS	55 Dodge Road		
CITY-ST-ZIP	GETZVILLE NY 14068			4.4 CITY-ST-ZIP	Getzville, New York 14068		
TITLE	CFOV	<input type="checkbox"/> DELETE		5.1 TITLE	CFO/EV/T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WINOKUR, STEVEN L			5.2 NAME	Winokur, Steven L.		
STREET ADDRESS	1740 WALTON ROAD			5.3 STREET ADDRESS	515 Pennsylvania Avenue		
CITY-ST-ZIP	BLUE BELL PA 19422			5.4 CITY-ST-ZIP	Fort Washington, PA 19034		
TITLE	COP	<input type="checkbox"/> DELETE		6.1 TITLE	EV/COO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGOWAN, JOSEPH C			6.2 NAME	McGowan, Joseph C.		
STREET ADDRESS	1740 WALTON ROAD			6.3 STREET ADDRESS	515 Pennsylvania Avenue		
CITY-ST-ZIP	BLUE BELL PA 19422			6.4 CITY-ST-ZIP	Fort Washington, PA 19034		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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 or 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 of this report, or in an addendum with an address.

SIGNATURE: Michael G. Noah **MICHAEL G. NOAH** 1/20/98 (716) 691-5400.

CR2E034 (10/97)