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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 # F97000002171 1. Corporation Name NCO FINANCIAL SYSTEMS, INC.			
Principal Place of Business 5151 PENNSYLVANIA AVE FT WASHINGTON PA 19034 US		Mailing Address 515 PENNSYLVANIA AVE P O BOX 7602 FT WASHINGTON PA 19034 US	
2. Principal Place of Business 21 515 Pennsylvania Avenue Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 515 Pennsylvania Avenue Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRIST, MICHAEL J	1.2 NAME	
STREET ADDRESS	515 PENNSYLVANIA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT WASHINGTON PA 19034	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIOLA, CHARLES C JR	2.2 NAME	
STREET ADDRESS	515 PENNSYLVANIA AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT WASHINGTON PA 19034	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, BERNARD R SR	3.2 NAME	
STREET ADDRESS	515 PENNSYLVANIA AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT WASHINGTON PA 19034	3.4 CITY-ST-ZIP	
TITLE	SV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOAH, MICHAEL G	4.2 NAME	
STREET ADDRESS	55 DODGE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	GETZVILLE NY 14068	4.4 CITY-ST-ZIP	
TITLE	CET <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINOKUR, STEVEN L	5.2 NAME	
STREET ADDRESS	515 PENNSYLVANIA AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT WASHINGTON PA 19034	5.4 CITY-ST-ZIP	
TITLE	EVC <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGOWAN, JOSEPH C	6.2 NAME	
STREET ADDRESS	515 PENNSYLVANIA AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT WASHINGTON PA 19034	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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael G. Noah, Senior Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

(800) 227-4000

Date

Daytime Phone #

CR2E034 (11/98)