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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	Mailing Address			E CENCEND FRIN INDIA SOUR NUTLI DOSTA DO	104 00 01 0 11061 14041 1	J#81 1 81 108
5151 PENNSYLVANIA AVE		515 PENNSYLVANIA AVE		ļ			
FT WASHINGTON PA 19034		P O BOX 7602		DO NOT WRITE IN THIS SPACE			
us		FT WASHINGTON PA 19034 ~ US		3. Date Incorporated or Qualifed			
		us			04/24/1997		ļ
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Api	plied For
	Pennsylvania Avenue	26			23-1670927		t Applicable
Suite, Apt.	_ 	Suite, Apt. #, etc.			_	\$8.75 A	dditional
22		27		5. Certificate of Status Desired	Fee Re	quired	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28		Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip	_ Country		8. This corporation owes the current year		ا
24	25	29 3	0		Personal Property Tax.		□No
	9. Name and Address of Current	t Registered Agent	81	Name	10. Name and Address of New Register	ed Agent	
СТ	CORPORATION SYSTEM		"	Ivallie			
	SOUTH PINE ISLAND ROAD		82	Street Ac	dress (P.O. Box Number is Not Acceptable)		
-	STATION FL 33324		83	_			
	111111111111111111111111111111111111111		0.5				
			84	City	F	■ 85 Zip C	Code
44 Purguant	to the provinions of Sections 607.050	2 and 607 1508. Florida Statutes	the above	e-named co	emoration submits this statement for the numous	of changing its	registered
office or re	egistered agent, or both, in the State of	of Florida. Such change was auti	horized by	the corpora	ation's board of directors. I hereby accept the ap	pointment as re	gistered
	m familiar with, and accept the obligat	tions of, Section 607.0303, Fibrid	ia Gialules	•			ł
CICALATURE							
SIGNATURE	Signature, typed of printed name of registered agen	t and title if applicable. (NOTE: R	legistered Agel	nt signature requ	uired when reinstating) OATE		
12.		t and title if applicable. (NOTE: R D DIRECTORS	legistered Agel	nt signature requ	OATE ADDITIONS/CHANGES TO OFFICERS		
				nt signature requ		AND DIRECTO	RS IN 12
12.	PCD BARRIST, MICHAEL J	D DIRECTORS	13.	nt signature requ			
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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 suppliemental 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 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 proposered.

SIGNATURE:

FT WASHINGTON PA 19034

Michael G Noah | Senio

(800)227 - 4000