

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



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

1999 2000

FILED Jun 27, 2000 8:00 am Secretary of State

06-27-2000 90003 034 \*\*\*150.00

DOCUMENT # F97000002171

1. Corporation Name NCO FINANCIAL SYSTEMS, INC.

Handwritten 'R' in a circle



Principal Place of Business 515 PENNSYLVANIA AVE WASHINGTON PA 19034

Mailing Address 515 PENNSYLVANIA AVE P O BOX 7002 FT WASHINGTON PA 19034 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 515 Pennsylvania Avenue Suite, Apt. #, etc.

2a. Mailing Address 26 55 DODGE RD. Suite, Apt. #, etc.

City & State Washington PA Country 25

27 City & State 28 GETZVILLE, NY Zip 29 14068 Country 30

3. Date Incorporated or Qualified 04/24/1997 4. FEI Number 23-1670927 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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

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

Table with 12 rows and 2 columns: OFFICERS AND DIRECTORS. Columns include Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox.

Table with 8 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns include Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and Addition.

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 information required.

SIGNATURE: Michael G. Noah, SR V.P.

6/19/00 Date (800) 227-4000 Daytime Phone #

CR 06/24 11/98