

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90062 022 ***150.00

DOCUMENT # F97000002171

1. Entity Name
NCO FINANCIAL SYSTEMS, INC.

Principal Place of Business
**515 PENNSYLVANIA AVE
 FT WASHINGTON PA 19034
 US**

Mailing Address
**55 DODGE RD
 GETZVILLE NY 14068
 US**

C0031729



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-1670927**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Delete
PCD BARRIST, MICHAEL J
 STREET ADDRESS **515 PENNSYLVANIA AVE**
 CITY-ST-ZIP **FT WASHINGTON PA 19034**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
D PIOLA, CHARLES C JR
 STREET ADDRESS **515 PENNSYLVANIA AVE**
 CITY-ST-ZIP **FT WASHINGTON PA 19034**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
S GINDIN, JOSHUA
 STREET ADDRESS **515 PENNSYLVANIA AVE**
 CITY-ST-ZIP **FT WASHINGTON PA 19034**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
SV NOAH, MICHAEL G
 STREET ADDRESS **55 DODGE RD**
 CITY-ST-ZIP **GETZVILLE NY 14068**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
CET WINOKUR, STEVEN L
 STREET ADDRESS **515 PENNSYLVANIA AVE**
 CITY-ST-ZIP **FT WASHINGTON PA 19034**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
EVC MCGOWAN, JOSEPH C
 STREET ADDRESS **515 PENNSYLVANIA AVE**
 CITY-ST-ZIP **FT WASHINGTON PA 19034**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-01 **800/227-4000**
Date Daytime Phone #

06/03/01

CR2E034 (10/00)