

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2002 8:00 am**  
**Secretary of State**

01-27-2002 90023 041 \*\*\*150.00

0311-55 AT

**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**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**150 CROSSPOINT PARKWAY**  
 Suite, Apt. #, etc.  
**CORPORATE LEGAL DEPT**

DO NOT WRITE IN THIS SPACE

City & State  
**GETZVILLE, NY**

4. FEI Number  
**23-1670927**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 STREET ADDRESS CITY-ST-ZIP	<b>PCD</b> <b>BARRIST, MICHAEL J</b> <b>515 PENNSYLVANIA AVE</b> <b>FT WASHINGTON PA 19034</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PIOLA, CHARLES C JR</b> <b>515 PENNSYLVANIA AVE</b> <b>FT WASHINGTON PA 19034</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GINDIN, JOSHUA</b> <b>515 PENNSYLVANIA AVE</b> <b>FT WASHINGTON PA 19034</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SV</b> <b>NOAH, MICHAEL G</b> <b>55 DODGE RD</b> <b>GETZVILLE NY 14068</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CET</b> <b>WINOKUR, STEVEN L</b> <b>515 PENNSYLVANIA AVE</b> <b>FT WASHINGTON PA 19034</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVC</b> <b>MCGOWAN, JOSEPH C</b> <b>515 PENNSYLVANIA AVE</b> <b>FT WASHINGTON PA 19034</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] **NO SIGNATURE REQUIRED** Date: 1/11/02 Daytime Phone #: 800/227-4000

CR2E034 (9/01)



**NCO Financial Systems, Inc.**

Corporate Legal Department  
150 Crosspoint Parkway  
Crosspoint Business Park  
Getzville, NY 14068

(800) 227-4000  
(716) 404-2100  
(716) 404-2120 FAX  
jackie.canavier@ncogroup.com

Attachment

809109

Doc# F9700002/71

January 15, 2002

VIA FEDERAL EXPRESS

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: NCO Financial Systems, Inc.  
2002 Uniform Business Report

Dear Sir or Madam:

Enclosed please find the 2002 Uniform Business Report for NCO Financial Systems, Inc. along with a check for \$150.00, for the filing fees.

Should you have any questions regarding the enclosed, please do not hesitate to contact me at 800/227-4000, ext. 2147.

Very truly yours,

Jackie Canavier  
Paralegal, Corporate Legal Department

Enclosures

cc: Tracey A. Wild, Esq. (w/o encls.)