


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000002171					
1. Entity Name NCO FINANCIAL SYSTEMS, INC.					
Principal Place of Business 507 PRUDENTIAL ROAD HORSHAM, PA 19044 US			Mailing Address 150 CROSS POINT PKWY CORPORATE LEGAL DEPT GETZVILLE, NY 14068 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 23-1670927	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ DATE: _____					
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature Required when re-electing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRIST, MICHAEL J		NAME		
STREET ADDRESS	507 PRUDENTIAL ROAD		STREET ADDRESS		
CITY - ST - ZIP	HORSHAM, PA 19044		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIOLA, CHARLES C JR		NAME		
STREET ADDRESS	507 PRUDENTIAL ROAD		STREET ADDRESS		
CITY - ST - ZIP	HORSHAM, PA 19044		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GINDIN, JOSHUA		NAME		
STREET ADDRESS	507 PRUDENTIAL ROAD		STREET ADDRESS		
CITY - ST - ZIP	HORSHAM, PA 19044		CITY - ST - ZIP		
TITLE	SV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOAH, MICHAEL G		NAME		
STREET ADDRESS	507 PRUDENTIAL ROAD		STREET ADDRESS		
CITY - ST - ZIP	HORSHAM, PA 19044		CITY - ST - ZIP		
TITLE	CET	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WINOKUR, STEVEN L		NAME		
STREET ADDRESS	507 PRUDENTIAL ROAD		STREET ADDRESS		
CITY - ST - ZIP	HORSHAM, PA 19044		CITY - ST - ZIP		
TITLE	EVC	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGOWAN, JOSEPH C		NAME		
STREET ADDRESS	507 PRUDENTIAL ROAD		STREET ADDRESS		
CITY - ST - ZIP	HORSHAM, PA 19044		CITY - ST - ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____		DATE: 1/5/04 800/227-4000			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Michael G. Noah, SR. V.P.					