2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002171

Entity Name: NCO FINANCIAL SYSTEMS, INC.

FILED Feb 01, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	ENTIAL ROAD , PA 19044	US			
Current Mailing Address:			New Mailing Address:		
	USEWAY BLVI	MAN & NATHAN, LLP D, SUITE 1240 JS			
FEI Number:	23-1670927	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
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:					
Electronic Signature of Registered Agent				Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PCD ()E BARRIST, MICHA 507 PRUDENTIA HORSHAM, PA 1	L ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (X) [PIOLA, CHARLES 507 PRUDENTIA HORSHAM, PA 1	L ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () E GINDIN, JOSHUA 507 PRUDENTIA HORSHAM, PA 1	L ROAD	Title: Name: Address: City-St-Zip:	SD (X) Change () Addition GINDIN, JOSHUA 507 PRUDENTIAL ROAD HORSHAM, PA 19044 US	
Title: Name: Address: City-St-Zip:	SV () E NOAH, MICHAEL 507 PRUDENTIA HORSHAM, PA 1	G L ROAD	Title: Name: Address: City-St-Zip:	SV (X) Change () Addition NOAH, MICHAEL G 150 CROSSPOINT PARKWAY GETZVILLE, NY 14068 US	
Title: Name: Address: City-St-Zip:	CET () E WINOKUR, STEV 507 PRUDENTIA HORSHAM, PA 1	L ROAD	Title: Name: Address: City-St-Zip:	CETD (X) Change () Addition WINOKUR, STEVEN L 507 PRUDENTIAL ROAD HORSHAM, PA 19044 US	
Title: Name: Address: City-St-Zip:	V ()E WEITZEL, PAUL 507 PRUDENTIA HORSHAM PA 1	L ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE S CANAVIER AS 02/01/2006