

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0061339 AB

**DOCUMENT # F97000002171**  
1. Entity Name  
**NCO FINANCIAL SYSTEMS, INC.**



FILED

03 JAN -8 PM 4:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Mailing Address  
150 CROSS POINT PKWY  
CORPORATE LEGAL DEPT  
GETZVILLE NY 14068  
US



2. Principal Place of Business  
**507 PRUDENTIAL ROAD**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**HORSHAM, PA**

City & State

Zip  
**19044**

Country  
**US**

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)  
**800009955818**  
City  
**01/08/03--01007--01 FL ##160.00**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
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	<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	<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	<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	<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	<b>EVC</b> <b>MCGOWAN, JOSEPH C</b> <b>515 PENNSYLVANIA AVE</b> <b>FT WASHINGTON PA 19034</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ADDRESS</b> <b>507 PRUDENTIAL ROAD</b> <b>HORSHAM, PA 19044</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ADDRESS</b> <b>507 PRUDENTIAL ROAD</b> <b>HORSHAM, PA 19044</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ADDRESS</b> <b>507 PRUDENTIAL ROAD</b> <b>HORSHAM, PA 19044</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ADDRESS</b> <b>150 CROSSPOINT PARKWAY</b> <b>GETZVILLE, NY 14068</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ADDRESS</b> <b>507 PRUDENTIAL ROAD</b> <b>GETZVILLE, NY 14068</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Michael G. Noah, SR. V.P.**  
1/6/03

800/227-4000  
Daytime Phone #

CR2E034 (10/02)