PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000001059

ACCELERATED BUREAU OF COLLECTIONS, INC.

Principal Place of Business
P.O. BOX 6666

Mailing Address

P.O. BOX 6666

ENGLEWOOD CO 80155

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90176 018 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

02/24/1998

2. Principal Pi	incipal Place of Business 2a. Mailing Address				4. FEI Number	Apı	olied For	
21	26				84-1438860	No	t Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.					□ \$8.75 A		
22	27				G. Certificate of Status Desired	Fee Re	quired	
City & State	& State City & State				6. Election Campaign Financing	□ \$5.00 ₋	May Be	
23	28			Trust Fund Contribution Added to Fees			Fees	
Zip	Country	Zip	Country					
24	25 29 3			Personal Property Tax. ☐ Yes 🛂 o				
	9. Name and Address of Current	Registered Agent	81		10. Name and Address of New Re	gistered Agent		
				Name				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				82 Street Address (P.O. Box Number is Not Acceptable)				
				83				
			84	City		FL 85 Zip C	Joue	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above	e-named cor	rporation submits this statement for the pu	uroose of changing its	registered	
office or r	egistered agent, or both, in the State o	if Florida. Such change was auth	norized by	tne corporat	tion's board of directors. I hereby accept	the appointment as req	gistered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statutes					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	egistered Agen	signature requir	red when reinstating)	DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	RS IN 12	
TITLE	P	DELETE	1.1 TITLE		P	Change	★ Addition	
NAME	JUSTUS, TRAVIS L		1.2 NAME	<u> </u>	hompson, Mark A			
	5295 DTC PARKWAY		1.3 STREET	ADDRESS 5	295 DTK Purkway			
STREET ADDRESS	ENGLEWOOD CO		1.4 CITY-ST	. 7m	5213 DI = 100			
CITY-ST-ZIP TITLE	V	☐ DELETE	2.1 TITLE	-211	miewood Co	Change	Addition	
	•		2.2 NAME	7	paniel J. Dolan			
NAME	WALTER, JEFF		2.2 104MC	ADDRESS 3	390 South Woods 4nill Ra	. STE 350		
STREET ADDRESS						· -		
CITY-ST-ZIP	ENGLEWOOD CO	X-DELETE	2.4 CITY-S 3.1 TITLE	1-219	St. Louis, Mo	Change	Addition	
TITLE	VS	Z.DELE/E				change		
NAME	WALDSTEIN, PETER D	ATT 454	3.2 NAME					
STREET ADDRESS	390 SOUTH WOODS MILL RD.	SIE 150	3.3 STREET					
CITY-ST-ZIP	ST LOUIS MO	T and the	3.4. CITY-S	T-ZIP		[7] Change	☐ Addition	
TITLE	VT DELETE		4.1 TITLE			[] change	Addition	
NAME	BROWN, LINDA		4.2 NAME					
STREET ADDRESS	5295 DTC PARKWAY		4.3 STREET	ADDRESS				
CITY-ST-ZIP	ENGLEWOOD CO		4.4 CITY-S					
TITLE	V	☐ DELETE	5.1 TITLE		<i>C</i>	🔀 Change	☐ Addition	
NAME	BEFFA, TIMOTHY G		5.2 NAME	_	a a M. M. Cramillod	CH 350		
STREET ADDRESS	390 SOUTH WOODS MILL RD,	STE 150	5.3 STREET	ADDRESS 3	90 South Woods Mill Rd	318.330		
CITY-ST-ZIP	ST LOUIS MO		5.4 CITY-S	r-ZIP				
TITLE	٧	⊠ DELETE	6.1 TITLE			Change	Addition	
NAME	WENDLING, STEVEN R		6.2 NAME					
STREET ADDRESS	390 SOUTH WOODS MILL RD,	STE 150	6.3 STREET	ADDRESS				
CITY-ST-ZIP	ST LOUIS MO		6.4 CITY-S					
14. I hereby	certify that the information supplied wit	h this filing does not qualify for the	ne exempti	on stated in	Section 119.07(3)(i), Florida Statutes. I fi	urther certify that the in	nformation	

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am are 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mad Q. SIGNATURE AND TYPED OR PRINTED NAME OF

(303)290-UUL