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Feb 22, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000004670

1. Corporation Name
RMH TELESERVICES, INC.



Principal Place of Business
40 MORRIS AVE BRYN MAWR PA 19010

Mailing Address
40 MORRIS AVE BRYN MAWR PA 19010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/17/1998

4. FEI Number
23-2250564

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

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUCCI HANSELL, MARYSUE	1.2 NAME	CEO John FELLOWS
STREET ADDRESS	40 MORRIS AVE	1.3 STREET ADDRESS	40 MORRIS AVE
CITY-ST-ZIP	BRYN MAWR PA 19010	1.4 CITY-ST-ZIP	BRYN MAWR, PA 19010
TITLE	EVT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHARFF, MICHAEL J	2.2 NAME	COO ROBERT BERWANGER
STREET ADDRESS	40 MORRIS AVE	2.3 STREET ADDRESS	40 MORRIS AVE, BRYN MAWR PA 19010
CITY-ST-ZIP	BRYN MAWR PA 19010	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSELL, RAYMOND J	3.2 NAME	
STREET ADDRESS	40 MORRIS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRYN MAWR PA 19010	3.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSOFF, WILLIAM A	4.2 NAME	
STREET ADDRESS	40 MORRIS AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRYN MAWR PA 19010	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURTZ, HERBERT	5.2 NAME	
STREET ADDRESS	40 MORRIS AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRYN MAWR PA 19010	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADIGAN, DAVID P	6.2 NAME	
STREET ADDRESS	40 MORRIS AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRYN MAWR PA 19010	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William A Rosoff* **REQUIRED** 1/7/99 Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)