
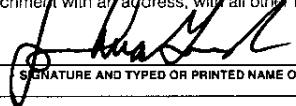


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90204 039 ***150.00

DOCUMENT # F98000004670			
1. Entity Name RMH TELESERVICES, INC.			
Principal Place of Business 15 CAMPUS BOULEVARD NEWTOWN SQUARE, PA 19073		Mailing Address 15 CAMPUS BOULEVARD NEWTOWN SQUARE, PA 19073	
2. Principal Place of Business 507 Prudential Road		3. Mailing Address 150 Crosspoint Parkway	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Attn: Corporate Legal Dept.	
City & State Horsham, PA		City & State Getzville, NY	
Zip 19044	Country USA	Zip 14068	Country USA
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 reinstating)</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 NAME STREET ADDRESS CITY-ST-ZIP	CEOC FELLOWS, JOHN 15 CAMPUS BOULEVARD NEWTOWN SQUARE, PA 19073 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, CEO, President Michael J. Barrist 507 Prudential Road Horsham, PA 19044 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO STREIT, CLINT 15 CAMPUS BOULEVARD NEWTOWN SQUARE, PA 19073 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, CFO, Treasurer Steven L. Winokur 507 Prudential Road Horsham, PA 19044 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPF PERRY, JAMES 15 CAMPUS BOULEVARD NEWTOWN SQUARE, PA 19073 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Secretary Joshua Gindin 507 Prudential Road Horsham, PA 19044 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP BURKITT, PAUL 15 CAMPUS BOULEVARD NEWTOWN SQUARE, PA 19073 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Vice-President Paul E. Weitzel, Jr. 507 Prudential Road Horsham, PA 19044 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP LITTLE, PAUL 15 CAMPUS BOULEVARD NEWTOWN SQUARE, PA 19073 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENSEN, JEFF 6500 BELTLINE RD SUITE 170 IRVING, TX 75063 <input checked="" type="checkbox"/> Delete	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: 		Secretary	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/22/04 Daytime Phone #: 215/441-3000	

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