

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90331 006 ***150.00

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1. Entity Name
NCO CUSTOMER MANAGEMENT, INC.



Principal Place of Business
**507 PRUDENTIAL ROAD
 HORSHAM, PA 19044**

Mailing Address
**150 CROSSPOINT PARKWAY
 ATTN: CORPORATE LEGAL DEPT.
 GETZVILLE, NY 14068**

14001055



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

c/o Sessions, Fishman & Nathan, LLP

Suite, Apt. #, etc.

3850 N. Causeway Blvd., Suite 1240

04192005

Chg-P

CR2E034 (10/03)

City & State

City & State
Metairie, LA

4. FEI Number
23-2250564

Applied For
 Not Applicable

Zip

Country

Zip

70002

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEOP DIRECTOR** Delete
 NAME **BARRIST, MICHAEL J**
 STREET ADDRESS **507 PRUDENTIAL ROAD**
 CITY-ST-ZIP **HORSHAM, PA 19044**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **COO DIRECTOR** Delete
 NAME **WINOKUR, STEVEN L**
 STREET ADDRESS **507 PRUDENTIAL ROAD**
 CITY-ST-ZIP **HORSHAM, PA 19044**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** Delete
 NAME **GINDIN, JOSHUA**
 STREET ADDRESS **507 PRUDENTIAL ROAD**
 CITY-ST-ZIP **HORSHAM, PA 19044**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVP** Delete
 NAME **WEITZEL, PAUL E**
 STREET ADDRESS **507 PRUDENTIAL ROAD**
 CITY-ST-ZIP **HORSHAM, PA 19044**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Joshua Gindin, Secretary

4/22/05
 Date

(215) 441-3000
 Daytime Phone #