

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004670

FILED  
Feb 08, 2008  
Secretary of State

Entity Name: NCO CUSTOMER MANAGEMENT, INC.

**Current Principal Place of Business:**

507 PRUDENTIALROAD  
HORSHAM, PA 19044

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SESSIONS, FISHMAN & NATHAN, LLP  
3850 N CAUSEWAY BLVD, SUITE 1240  
METAIRIE, LA 70002

**New Mailing Address:**

C/O SESSIONS, FISHMAN, NATHAN & ISRAEL LLP  
3850 N CAUSEWAY BLVD, SUITE 200  
METAIRIE, LA 70002

FEI Number: 23-2250564

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BARRIST, MICHAEL J  
Address: 507 PRUDENTIAL ROAD  
City-St-Zip: HORSHAM, PA 19044

Title: DT ( ) Delete  
Name: WINOKUR, STEVEN L  
Address: 507 PRUDENTIAL ROAD  
City-St-Zip: HORSHAM, PA 19044

Title: DS ( ) Delete  
Name: GINDIN, JOSHUA  
Address: 507 PRUDENTIAL ROAD  
City-St-Zip: HORSHAM, PA 19044

Title: DVP ( ) Delete  
Name: SCHWAB, JOHN  
Address: 507 PRUDENTIAL ROAD  
City-St-Zip: HORSHAM, PA 19044

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV (X) Change ( ) Addition  
Name: SCHWAB, JOHN  
Address: 507 PRUDENTIAL ROAD  
City-St-Zip: HORSHAM, PA 19044

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSHUA GINDIN

DS

02/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date