

2000 UNIFORM BUSINESS REPORT (UBR)

0578956

DOCUMENT # F99000003274

1. Entity Name

METRIS RECOVERY SERVICES, INC.

FILED

00 MAR 31 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]

Principal Place of Business

6909 EAST GREENWAY PARKWAY
SCOTTSDALE AZ 85254

Mailing Address

6909 EAST GREENWAY PARKWAY
SCOTTSDALE AZ 85254-2148

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

41-1940906

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIR ☐ Delete
NAME ZEBECK, RONALD N
STREET ADDRESS 600 SOUTH HIGHWAY 169, SUITE 1800
CITY-ST-ZIP ST. LOUIS PARK MN 55426

TITLE S ☐ Change ☒ Addition
NAME Lorraine E. Waller
STREET ADDRESS 600 South Highway 169, Ste. 1800
CITY-ST-ZIP St. Louis Park, MN 55426

TITLE DIR ☐ Delete
NAME WESSELINK, DAVID D
STREET ADDRESS 600 SOUTH HIGHWAY 169, SUITE 1800
CITY-ST-ZIP ST. LOUIS PARK MN 55426

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIR ☐ Delete
NAME BARCLIFT, Z. JILL
STREET ADDRESS 600 SOUTH HIGHWAY 169, SUITE 1800
CITY-ST-ZIP ST. LOUIS PARK MN 55426

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☐ Delete
NAME REAK, DAVID R
STREET ADDRESS 6909 EAST GREENWAY PARKWAY
CITY-ST-ZIP SCOTTSDALE AZ 85254

TITLE ☐ Change ☐ Addition
NAME 9000003204543
STREET ADDRESS -04/11/00-01125--024
CITY-ST-ZIP *****150.00 *****150.00

TITLE VP ☐ Delete
NAME SLACK, EARL
STREET ADDRESS 8020 CORPORATE DRIVE
CITY-ST-ZIP WHITE MARSH MD 21236

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME BENSON, JEAN
STREET ADDRESS 600 SOUTH HIGHWAY 169, SUITE 1800
CITY-ST-ZIP ST. LOUIS PARK MN 55426

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]

Z. Jill Barclift - Director 1/14/00 (612) 525-5090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)