2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003
Secretary of State

DOCUMENT# N96000004937

Entity Name: RECOVERY MANAGEMENT SERVICE CO. INC.

Current Principal Place of Business:

10417 ANDASOL AVE
GRANADA HILLS, CA 91344 US

New Principal Place of Business:

Current Mailing Address:

10417 ANDASOL AVE
GRANADA HILLS, CA 91344 US

New Mailing Address:

FEI Number: 59-3401217 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KESSELMAN, LYNN N
1067 LYNDHURST N
DEERFIELD BEACH, FL 33442 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

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: KESSELMAN, LYNN N
Address: 10417 ANDASOL AVE.
City-St-Zip: GRANADA, CA 91344

Title: VPC ( ) Delete
Name: MILLER, BONNIE
Address: 10417 ANDASOL AVE.
City-St-Zip: GRANADA HILLS, CA 91344

Title: STD ( ) Delete
Name: NORSREIN, NADINE
Address: 1067 LYNDHURST
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change ( ) Addition
Name: MILLER, BONNIE
Address: 10417 ANDASOL AVE.
City-St-Zip: GRANADA HILLS, CA 91344

Title: VPD (X) Change ( ) Addition
Name: NORSTEIN, NADINE
Address: 1067 LYNDHURST
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN KESSELMAN PCD 01/14/2003

Electronic Signature of Signing Officer or Director Date