

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Feb 14 1997 8:00am
Secretary of State

DOCUMENT # P10702 (9)

1. Corporation Name

DIVERSIFIED COLLECTION SERVICES, INC.



Principal Place of Business

555 MCCORMICK STREET
SAN LEANDRO CA 94577-1107

Mailing Address

P.O. BOX 5031
UNION CITY CA 94587-8531
US

3. Date Incorporated or Qualified

07/08/1986

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21

Suite, Apt #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

94-2370483

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETENAME TRACEY, JAMES B.A.
STREET ADDRESS 3511 COUNTRY CLUB PLACE
CITY-ST-ZIP DANVILLE CA 94506TITLE ST ☐ DELETENAME TAYLOR, REBECCA
STREET ADDRESS 19260 LAKERIDGE ROAD
CITY-ST-ZIP CASTRO VALLEY CATITLE D ☒ DELETENAME TRACEY, TERESA
STREET ADDRESS 3511 COUNTRY CLUB PLACE
CITY-ST-ZIP DANVILLE CA 94506TITLE PD ☐ DELETENAME LEACH, HAROLD T JR
STREET ADDRESS 20 DEER CREEK LANE
CITY-ST-ZIP DANVILLE CATITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE Director ☐ Change ☒ Addition1.2 NAME Chambers, Jeffrey
1.3 STREET ADDRESS 70 Santiago Avenue
1.4 CITY-ST-ZIP Atherton, CA 940272.1 TITLE Director ☐ Change ☒ Addition2.2 NAME Eastman, Merrill
2.3 STREET ADDRESS 242 Southern Hill Drive
2.4 CITY-ST-ZIP Duluth, GA 301363.1 TITLE Director ☐ Change ☒ Addition3.2 NAME MacNaughton, Angus
3.3 STREET ADDRESS 481 Kingswood Lane
3.4 CITY-ST-ZIP Danville, CA 945064.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rebecca L. Taylor

2/5/97

(510) 639-2384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)