

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

FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/08/1986	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 94-2370483	Applied For Not Applicable
22 City & State	23	27 City & State	28	6. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
24 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No					

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				85 Zip Code	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	C/D
NAME	TRACEY, JAMES B.A.	1.2 NAME	Tracey, James B.A.
STREET ADDRESS	3511 COUNTRY CLUB PLACE	1.3 STREET ADDRESS	3511 Country Club Place
CITY-ST-ZIP	DANVILLE CA 94506	1.4 CITY-ST-ZIP	Danville, CA 94506
TITLE	ST	2.1 TITLE	V
NAME	TAYLOR, REBECCA	2.2 NAME	Waheed, Feroze A.
STREET ADDRESS	19280 LAKERIDGE ROAD	2.3 STREET ADDRESS	28 Vallecito Lane
CITY-ST-ZIP	CASTRO VALLEY CA	2.4 CITY-ST-ZIP	Orinda, CA 94563
TITLE	D	3.1 TITLE	V
NAME	CHAMBERS, JEFFREY	3.2 NAME	Moser, Ronald T.
STREET ADDRESS	70 SANTIAGO AVENUE	3.3 STREET ADDRESS	4299 Quail Run Lane
CITY-ST-ZIP	ATHERTON CA	3.4 CITY-ST-ZIP	Danville, CA 94506
TITLE	PD	4.1 TITLE	V
NAME	LEACH, HAROLD T JR	4.2 NAME	Huber, Dale R.
STREET ADDRESS	20 DEER CREEK LANE	4.3 STREET ADDRESS	3228 Picadilly Court
CITY-ST-ZIP	DANVILLE CA	4.4 CITY-ST-ZIP	Pleasanton, CA 94588
TITLE	D	5.1 TITLE	
NAME	EASTMAN, MERRILL	5.2 NAME	
STREET ADDRESS	242 SOUTHERN HILL DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DULUTH GA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	MACNAUGHTON, ANGUS	6.2 NAME	
STREET ADDRESS	481 KINGSWOOD LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DANVILLE CA	6.4 CITY-ST-ZIP	

14. 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 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 Taylor* Secretary & Treasurer 3/19/98 (510) 639-2384

CR2E034 (10/97)