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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P10702**

1. Corporation Name
DIVERSIFIED COLLECTION SERVICES, INC.

Principal Place of Business	Mailing Address
555 MCCORMICK STREET SAN LEANDRO CA 94577-1107	P.O. BOX 5031 UNION CITY CA 94587 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 07/08/1986

4. FEI Number: 94-2370483 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

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 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TRACEY, JAMES B.A.		1.2 NAME	
STREET ADDRESS	3511 COUNTRY CLUB PLACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	DANVILLE CA 94506		1.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, REBECCA		2.2 NAME	
STREET ADDRESS	19260 LAKERIDGE ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	CASTRO VALLEY CA		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	SAHEED, FEROZE A		3.2 NAME	V WAHEED, FEROZE A.
STREET ADDRESS	28 VALLECITO LANE		3.3 STREET ADDRESS	28 VALLECITO LANE
CITY-ST-ZIP	ORINDA CA 94563		3.4 CITY-ST-ZIP	ORINDA, CA 94563
TITLE	PD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LEACH, HAROLD T JR		4.2 NAME	
STREET ADDRESS	20 DEER CREEK LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP	DANVILLE CA		4.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MOSER, RONALD T		5.2 NAME	
STREET ADDRESS	4299 QUAIL RUN LANE		5.3 STREET ADDRESS	
CITY-ST-ZIP	DANVILLE CA 94506		5.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	HUBER, DALE R		6.2 NAME	V HUBER, DALE
STREET ADDRESS	3228 PICADILLY COURT		6.3 STREET ADDRESS	3228 PICADILLY COURT
CITY-ST-ZIP	PLEASANTON CA 34588		6.4 CITY-ST-ZIP	PLEASANTON, CA 94588

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, with all other like empowered.

SIGNATURE: Rebecca L Taylor FILED 4/12/99 (510)338-2384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Rebecca L. Taylor Secretary

CR2E034 (11/98)