

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90379 040 ***158.75

DOCUMENT # P10702

1. Entity Name
DIVERSIFIED COLLECTION SERVICES, INC.



Principal Place of Business
**555 MCCORMICK STREET
SAN LEANDRO, CA 94577**

Mailing Address
**P.O. BOX 5031
UNION CITY, CA 94587 US**

14005011



2. Principal Place of Business
333 North Canyons Pkwy

3. Mailing Address
333 North Canyons Pkwy

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
Suite 100

01262004 Chg-P CR2E034 (10/03)

City & State
Livermore, CA

City & State
Livermore, CA

4. FEI Number
94-2370483

Applied For
Not Applicable

Zip
94551

Country
USA

Zip
94551

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
8751 W BROWARD BLVD
PLANTATION, FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
TRACEY, JAMES B.A.
3511 COUNTRY CLUB PLACE
DANVILLE, CA 94506** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LEACH, HAROLD T JR.
20 DEER CREEK LANE
DANVILLE, CA 94506** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Im, Lisa
3716 Deer Trail Ave
Danville, CA 94506** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HUBER, DALE R
3228 PICADILLY COURT
PLEASANTON, CA 94588** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
Kessinger, William
16 Geary Ave
Kentfield, CA 94904** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
IM, LISA
3716 DEER TRAIL CT.
DANVILLE, CA 94506** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
Rubin, Marc
3545 Pierce St
San Francisco, CA 94123** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

Lisa Im 4/14/04

(925) 960-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #