

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10702

FILED
Apr 17, 2007
Secretary of State

Entity Name: DIVERSIFIED COLLECTION SERVICES, INC.

Current Principal Place of Business:

333 NORTH CANYONS PKWY., STE 100
LIVERMORE, CA 94551

New Principal Place of Business:

Current Mailing Address:

333 NORTH CANYONS PKWY., STE 100
LIVERMORE, CA 94551 US

New Mailing Address:

FEI Number: 94-2370483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
8751 W BROWARD BLVD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: IM, LISA
Address: 333 NORTH CANYONS PKWY, STE 100
City-St-Zip: LIVERMORE, CA 94551

Title: D () Delete
Name: KESSINGER, WILLIAM C
Address: 333 NORTH CANYONS PKWY, STE 100
City-St-Zip: LIVERMORE, CA 94551

Title: TV () Delete
Name: SNIADY, KARL
Address: 333 NORTH CANYONS PKWY, STE 100
City-St-Zip: LIVERMORE, CA 94551

Title: VSD () Delete
Name: SHAVER, JON DR
Address: 333 NORTH CANYONS PKWY, STE 100
City-St-Zip: LIVERMORE, CA 94551

Title: D () Delete
Name: STEIN, JEFFREY
Address: 333 NORTH CANYONS PKWY, STE 100
City-St-Zip: LIVERMORE, CA 94551

Title: D () Delete
Name: RUBIN, MARC R
Address: 333 NORTH CANYONS PKWY, STE 100
City-St-Zip: LIVERMORE, CA 94551

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TV (X) Change () Addition
Name: ORVELL, HAKAN
Address: 333 NORTH CANYONS PKWY, STE 100
City-St-Zip: LIVERMORE, CA 94551

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA IM

PRES

04/17/2007

Electronic Signature of Signing Officer or Director

Date