

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10702

FILED
Mar 02, 2012
Secretary of State

Entity Name: DIVERSIFIED COLLECTION SERVICES, INC.

Current Principal Place of Business:

333 NORTH CANYONS PKWY
SUITE 100
LIVERMORE, CA 94551

New Principal Place of Business:

Current Mailing Address:

ATTN: SHRONDA ALLEN, 333 NORTH CANYONS PKWY
SUITE 100
LIVERMORE, CA 94551

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
1200 S. PINE ISLAND ROAD
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

OFFICERS AND DIRECTORS:

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

Title: VT
Name: ORVELL, HAKAN
Address: 333 NORTH CANYONS PKWY, STE 100
City-St-Zip: LIVERMORE, CA 94551

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

Title: ASV
Name: CALVIN, BRUCE
Address: 333 NORTH CANYONS PKWY, STE 100
City-St-Zip: LIVERMORE, CA 94551

Title: DP
Name: LEACH, HAROLD
Address: 333 NORTH CANYONS PKWY, STE 100
City-St-Zip: LIVERMORE, CA 94551

I hereby 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 all other like empowered.

SIGNATURE: HAKAN ORVELL

V

03/02/2012

Electronic Signature of Signing Officer or Director

Date