

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000006438

**FILED  
Apr 12, 2019  
Secretary of State  
7719403632CC**

**Entity Name:** NORTHWEST COLLECTORS INC.

**Current Principal Place of Business:**

3601 ALGONQUIN ROAD  
SUITE 232  
ROLLING MEADOWS, IL 60008

**Current Mailing Address:**

3601 ALGONQUIN ROAD  
SUITE 232  
ROLLING MEADOWS, IL 60008

**FEI Number:** 36-2691365

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title PD  
Name CRAWFORD, ADAM F  
Address 3601 ALGONQUIN RD STE 232  
City-State-Zip: ROLLING MEADOWS IL 60008

Title SD  
Name SCHOENIG, JUDITH M  
Address 903 RIVER TERRACE DRIVE  
City-State-Zip: JOHNSBURG IL 60051

Title CD  
Name SCHOENIG, THOMAS R  
Address 903 RIVER TERRACE DRIVE  
City-State-Zip: JOHNSBURG IL 60051

*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:** ADAM F CRAWFORD

**PRESIDENT/COO**

**04/12/2019**

Electronic Signature of Signing Officer/Director Detail

Date