

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000002249 (0)

1. Corporation Name

CREDITORS COLLECTION SERVICES, INC.



Principal Place of Business

319 W. WATER ST
ELMIRA NY 14901

Mailing Address

319 W. WATER ST
ELMIRA NY 14901

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/02/1994

3a. Date of Last Report

04/28/1995

4. FEI Number

16-1399683

Applied For

Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

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

(NOTE: Registered Agent signature required when filing this)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DONEGAN, DANIEL J
STREET ADDRESS 105 GOFF RD
CITY- ST- ZIP CORNING NY

☐ DELETE

TITLE D
NAME GEAR, JOHN W
STREET ADDRESS 4765 WILLOW WOOD CIRCLE
CITY- ST- ZIP SARASOTA FL

☐ DELETE

TITLE ST
NAME GEAR, ANN E
STREET ADDRESS 4765 WILLOW WOOD CIRCLE
CITY- ST- ZIP SARASOTA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

14

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

15

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

16

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

17

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

18

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/96

(607) 752-9877

Daytime Phone #

CR2E034 (12/95)