



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 90038		2. Name of Corporation OSI Collection Services, Inc.			
3. Street Address Principal Business Office 2520 S. 170th Street			City New Berlin	State WI	Zip 53151
4. Business Phone No. 262-780-2000		5. State of Incorporation Delaware			
6. Brief Description of the Character of Business Conducted in Rhode Island Collection of past due accounts					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kevin T. Keleghan			Vice President Name Richard N. Seeling		
Street Address 2150 E. Lake Cook Rd., Suite 500			Street Address 2520 S. 170th Street		
City Bufflo Grove	State IL	Zip 60089	City New Berlin	State WI	Zip 53151
Secretary Name Richard N. Seeling			Treasurer Name Kevin T. Keleghan		
Street Address 2520 S. 170th Street			Street Address 2150 E. Lake Cook Rd., Suite 500		
City New Berlin	State WI	Zip 53151	City Bufflo Grove	State IL	Zip 60089
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kevin T. Keleghan			Director Name		
Street Address 2150 E. Lake Cook Rd., Suite 500			Street Address		
City Buffalo Grove	State IL	Zip 60089	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common	1.00	1,000	Common	1.00
			THIS SECTION MUST BE COMPLETED		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date	<b>FILED</b>
Check No.	<b>FEB 21 2008</b>
By:	<b>181734</b>
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*Richard N. Seeling* 2-13-08  
Signature Date  
Richard N. Seeling  
Print or Type Name  
Vice President/Secretary  
Title

STATE OF RHODE ISLAND

PROFIT CORPORATION ANNUAL REPORT - 2008  
OSI Collection Services, Inc. - ID 90038

Attachment for Question #7

<u>NAME/TITLE</u>	<u>MAILING ADDRESS</u>
Richard C. Hoffman Assistant Secretary	390 South Woods Mill Road, Suite 150 Chesterfield, MO 63017

FILED

FEB 21 2008

By LD 90038  
ch 181754