



2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 589446 1. Entity Name FIDELITY WARRANTY SERVICES, INC.						FILED 06 JUL 12 AM 10:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 500 JIM MORAN BLVD DEERFIELD BEACH, FL 33442 US			Mailing Address 100 JIM MORAN BLVD LEGAL DEPT. JMFDF018 DEERFIELD BEACH, FL 33442 US			 06082006 Chg-P CR2E034 (11/05)		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-1865221				Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
Zip	Country	Zip	Country	6. Name and Address of Current Registered Agent				
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent				
Name				Street Address (P.O. Box Number is Not Acceptable)				
City				FL		Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>								
Amended AR is \$61.25			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, PATRICIA G 100 JIM MORAN BLVD DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500077736205 07/19/06 01058 010 <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, COLIN W 100 JIM MORAN BLVD DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FEAGLES, LOUIS R 100 JIM MORAN BLVD DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOD CURRAN, WILLIAM F 100 JIM MORAN BLVD DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	09/1/06 <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPGC GUTTUSO, MARIA K 100 JIM MORAN BLVD DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPGCS Guttuso, Maria K 100 Jim Moran Blvd. Deerfield Beach, FL 33442 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VATD MCWILLIAMS, DONNA C 100 JIM MORAN BLVD DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached List OF OFFICERS AND DIRECTORS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11; changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE: <i>Maria K. Guttuso</i>		MARIA K. GUTTUSO		06/29/2006		954-429-2000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								

**FIDELITY WARRANTY SERVICES, INC.
OFFICERS AND DIRECTORS**

Federal ID #: 59-1865221

Directors

Patricia G. Moran
Colin W. Brown
Louis R. Feagles
William F. Curran
Ronald M. Coombs
Donna C. McWilliams

Officers

Title

Louis R. Feagles	President
William F. Curran	Senior Vice President/Chief Operating Officer
Ronald M. Coombs	Senior Vice President and Chief Financial Officer, Assistant Treasurer
Donna C. McWilliams	Vice President and Assistant Treasurer
Maria K Guttuso	Vice President, General Counsel & Secretary
David A. Allen	Vice President
Jorge E. Gonzalez	Vice President, Corporate Taxes
Patrick C. Ossenbeck	Treasurer
Chris W. Costello	Assistant Secretary