2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # F00000007272

1. Entity Name
PFPC INC.

Principal Place of Business	Mailing Address
301 BELLEVUE PARKWAY WILMINGTON, DE 19809	301 BELLEVUE PARKWAY WILMINGTON, DE 19809

04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-2871943
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	SHACK, TIMOTHY G
STREET ADDRESS	301 BELLEVUE PKWY
CITY-ST-ZIP	WILMINGTON, DE 19809
TITLE	VDT
NAME	MARSINI, JR., NICHOLAS M
STREET ADDRESS	301 BELLEVUE PKWY
CITY-ST-ZIP	WILMINGTON, DE 19809
TITLE	DP
NAME	WYNNE, STEPHEN M
STREET ADDRESS	301 BELLEVUE PKWY
CITY-ST-ZIP	WILMINGTON, DE 19809
TITLE	VD
NAME	WOLCOTT, NANCY B
STREET ADDRESS	301 BELLEVUE PKWY
CITY-ST-ZIP	WILMINGTON, DE 19809
TITLE	VS
NAME	FULGONEY, JOHN F
STREET ADDRESS	301 BELLEVUE PKWY
CITY-ST-ZIP	WILMINGTON, DE 19809
TITLE	VPC
NAME	SCHAFFER, MARIA
STREET ADDRESS	301 BELLEVUE PARKWAY
CITY-ST-ZIP	WILMINGTON, DE 19809

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04/29/08-80088-003 150.00

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4.16.08 302 791-1584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #