

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F00000007272 1. Entity Name PFPC INC.	
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Principal Place of Business 301 BELLEVUE PARKWAY WILMINGTON, DE 19809	Mailing Address 301 BELLEVUE PARKWAY WILMINGTON, DE 19809
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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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IN THIS SPACE**

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

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	
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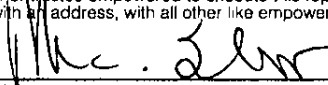
10. OFFICERS AND DIRECTORS

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

U000000901911
04/29/08-80088-003-150.00

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IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4.16.08 Daytime Phone # 302 791-1584