


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90267 037 \*\*\*150.00

<b>DOCUMENT # F05000003140</b>	
1. Entity Name DISCOVER DSC CORPORATION	

Principal Place of Business 11555 N. MERIDIAN STREET, SUITE 220 CARMEL, IN 46032	Mailing Address 11555 N. MERIDIAN STREET, SUITE 220 CARMEL, IN 46032
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



04122007 Chg-P CR2E034 (12/06)

4. FEI Number <del>20-2324445</del> 20-1990165	Applied For Not Applicable
---	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	--	------------------------------------

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FULLER, JOHN E			NAME	John Wick		
STREET ADDRESS	11555 N. MERIDIAN STREET, SUITE 220			STREET ADDRESS	11555 N. Meridian St #220		
CITY-ST-ZIP	CARMEL, IN 46032			CITY-ST-ZIP	Carmel, IN 46032		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCHWARTZ, JOEL			NAME	Michael Hockett		
STREET ADDRESS	245 PARK AVENUE			STREET ADDRESS	1919 S. Post Rd		
CITY-ST-ZIP	NEW YORK, NY 10167			CITY-ST-ZIP	Indianapolis IN 46239		
TITLE	T	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCFARLAND, MARTIN			NAME	Charles Johnson		
STREET ADDRESS	11555 N. MERIDIAN STREET, SUITE 220			STREET ADDRESS	9 N. Parkway Square		
CITY-ST-ZIP	CARMEL, IN 46032			CITY-ST-ZIP	Atlanta GA 30327		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HU, MEI			NAME	Robert Sullivan		
STREET ADDRESS	245 PARK AVENUE			STREET ADDRESS	2120 Stein Drive		
CITY-ST-ZIP	NEW YORK, NY 10167			CITY-ST-ZIP	Chattanooga TN 37421		
TITLE	D	<input type="checkbox"/> Delete		TITLE	Asst T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROBERTS, DAVID			NAME	Dave Horan		
STREET ADDRESS	245 PARK AVENUE			STREET ADDRESS	11555 N. Meridian St #220		
CITY-ST-ZIP	NEW YORK, NY 10167			CITY-ST-ZIP	Carmel IN 46032		
TITLE	D	<input type="checkbox"/> Delete		TITLE	Asst S.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LAMANNA, JOE			NAME	Mark Bohannon		
STREET ADDRESS	11555 N. MERIDIAN ST. SUITE 220			STREET ADDRESS	11555 N. Meridian St #220		
CITY-ST-ZIP	CARMEL, IN 46032			CITY-ST-ZIP	Carmel IN 46032		

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:**  **John C. Wick, Secretary** 4-12-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

317-571-3721