

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003140

FILED
Apr 29, 2008
Secretary of State

Entity Name: DISCOVER DSC CORPORATION

Current Principal Place of Business:

11555 N. MERIDIAN STREET, SUITE 220
CARMEL, IN 46032

New Principal Place of Business:

Current Mailing Address:

11555 N. MERIDIAN STREET, SUITE 220
CARMEL, IN 46032

New Mailing Address:

FEI Number: 20-1990165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FULLER, JOHN E
Address: 11555 N. MERIDIAN STREET, SUITE 220
City-St-Zip: CARMEL, IN 46032

Title: D () Delete
Name: SCHWARTZ, JOEL
Address: 245 PARK AVENUE
City-St-Zip: NEW YORK, NY 10167

Title: T () Delete
Name: MCFARLAND, MARTIN
Address: 11555 N. MERIDIAN STREET, SUITE 220
City-St-Zip: CARMEL, IN 46032

Title: D () Delete
Name: HU, MEI
Address: 245 PARK AVENUE
City-St-Zip: NEW YORK, NY 10167

Title: D () Delete
Name: ROBERTS, DAVID
Address: 245 PARK AVENUE
City-St-Zip: NEW YORK, NY 10167

Title: D () Delete
Name: LAMANNA, JOE
Address: 11555 N. MERIDIAN ST. SUITE 220
City-St-Zip: CARMEL, IN 46032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN WICK

SECR

04/29/2008

Electronic Signature of Signing Officer or Director

Date