## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F99000006590

FILED Apr 21, 2003 Secretary of State

Entity Name: AMERICAN MANAGEMENT SERVICES, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	RY DRIVE M, FL 02451			
Current Mailing Address:		New Mailing Address:		
	RY DRIVE M, FL 02451			
El Number	: 04-2935571	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	Address of C	Current Registered Agent:	Name and Addres	s of New Registered Agent:
201 HAY	S STREET SSEE, FL 323	DE COMPANY 012525 US		
		submits this statement for the p	urpose of changing its registe	ered office or registered agent, or both,
the State	e of Florida.	submits this statement for the p	urpose of changing its registe	ered office or registered agent, or both,
the State	e of Florida. <sup>*</sup> RE:	submits this statement for the p		ered office or registered agent, or both,  Date
the State	e of Florida.  RE: Electror	·		
the State	e of Florida.  RE: Electror	nic Signature of Registered Age g Trust Fund Contribution ( ).	ent	
the State IGNATUI  Section Car  FFICER: tte: ame: ddress:	e of Florida.  RE: Electror  mpaign Financin S AND DIREC	nic Signature of Registered Age g Trust Fund Contribution ( ). TORS: ) Delete CORGE A	ent	Date
the State	e of Florida.  RE: Electror  mpaign Financin S AND DIREC  PCD ( CLOUTIER, GE HICKORY DRIV WALTHAM, MA	nic Signature of Registered Age  g Trust Fund Contribution ( ).  TORS:  ) Delete  CORGE A  //E  0 02451  ) Delete  CHELLE C  PRIVE	ADDITIONS/CHAN Title: Name: Address:	Date  NGES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAN A. GLASSMAN D 04/21/2003