

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14924

FILED
Apr 20, 2007
Secretary of State

Entity Name: FORT WAYNE MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

ONE REINSURANCE PLACE
1700 MAGNAVOX WAY
FT. WAYNE, IN 46804 US

New Principal Place of Business:

1700 MAGNAVOX WAY
FT. WAYNE, IN 46804 US

Current Mailing Address:

P O BOX 7808
FT WAYNE, IN 468017808 US

New Mailing Address:

1700 MAGNAVOX WAY
FT WAYNE, IN 46804 US

FEI Number: 35-1690454

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: VCD () Delete
Name: ECKERT, RAYMOND A
Address: 175 KING STREET
City-St-Zip: ARMONK, NY 10504

Title: SVPD () Delete
Name: ARNOLD, NEAL E
Address: 1700 MAGNAVOX WAY
City-St-Zip: FORT WAYNE, IN 46804

Title: VP () Delete
Name: BRUNNEGRAFF, THOMAS J
Address: 175 KING STREET
City-St-Zip: ARMONK, NY 10504

Title: CEOD () Delete
Name: WILSON, W. W
Address: 175 KING STREET
City-St-Zip: ARMONK, NY 10504

Title: S () Delete
Name: HARRIGAN, PATRICIA D
Address: 175 KING STREET
City-St-Zip: ARMONK, NY 10504

Title: AS () Delete
Name: LEMON, MARK D
Address: 1700 MAGNAVOX WAY
City-St-Zip: FORT WAYNE, IN 46804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SVPD (X) Change () Addition
Name: ECKERT, RAYMOND A
Address: 175 KING STREET
City-St-Zip: ARMONK, NY 10504

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

Title: SVPT (X) Change () Addition
Name: WYATT, ROBYN A
Address: 175 KING STREET
City-St-Zip: ARMONK, NY 10504

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

Title: S (X) Change () Addition
Name: THOMPSON, ANN E
Address: 5200 METCALF AVENUE
City-St-Zip: OVERLAND PARK, KS 62002

Title: AS (X) Change () Addition
Name: ASHBRIDGE, MARGARET
Address: 1700 MAGNAVOX WAY
City-St-Zip: FORT WAYNE, IN 46804

I hereby certify that the information supplied with this filing does not qualify for the 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: MARGARET ASHBRIDGE

AS

04/20/2007

Electronic Signature of Signing Officer or Director

_____ Date