

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 530881

FILED
Apr 24, 2008
Secretary of State

Entity Name: HORIZON MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

41111 SOUTH DARLINGTON
SUITE 300
TULSA, OK 74135 US

New Principal Place of Business:

Current Mailing Address:

2711 CENTERVILLE ROAD
SUITE 400
WILMINGTON, DE 19808 US

New Mailing Address:

FEI Number: 59-2193986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 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: VP () Delete
Name: MULLIS, CAROL R
Address: 301 S. COLLEGE ST
City-St-Zip: CHARLOTTE, NC 28288

Title: VP/S () Delete
Name: DAVIS, AMY H
Address: 1620 E. ROSEVILLE PARKWAY
City-St-Zip: ROSEVILLE, CA 95661

Title: P/D () Delete
Name: LYON, ARTHUR Q
Address: 1620 E. ROSEVILLE PARKWAY
City-St-Zip: ROSEVILLE, CA 95661

Title: T () Delete
Name: HOLLSTIEN, JOHN A
Address: 4837 WATT AVENUE
City-St-Zip: NORTH HIGHLANDS, CA 95660

Title: D (X) Delete
Name: BECHER, KEITH G
Address: 4837 WATT AVENUE
City-St-Zip: NORTH HIGHLANDS, CA 95660

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MITCHELL, APRILLE M
Address: 301 S. COLLEGE ST
City-St-Zip: CHARLOTTE, NC 28288

Title: SEC (X) Change () Addition
Name: EAGAN, KATHLEEN
Address: 301 S. COLLEGE ST
City-St-Zip: CHARLOTTE, NC 28288

Title: P/D (X) Change () Addition
Name: FOWLER, WILLIAM T
Address: 1620 E. ROSEVILLE PARKWAY
City-St-Zip: ROSEVILLE, CA 95661

Title: T (X) Change () Addition
Name: MCCOY, GLENN D
Address: 401 S. TRYON ST
City-St-Zip: CHARLOTTE, NC 28202

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: APRILLE M MITCHELL

VP

04/24/2008

Electronic Signature of Signing Officer or Director

Date