2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006158

Entity Name: FACSERVICES, INC.

FILED Jan 05, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1901 NORTH GLENVILLE DRIVE, SUITE 702 RICHARDSON, TX 75081				1400 VALWOOD PARKWAY SUITE 100 CARROLLTON, TX 75006			
Current Mailing Address:				New Mailing Address:			
1901 NORTH GLENVILLE DRIVE, SUITE 702 RICHARDSON, TX 75081				1400 VALWOOD PARKWAY SUITE 100 CARROLLTON, TX 75006			
FEI Number: 75-2623098 FEI Number Applied For () FEI Nu				umber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
PLANTATI The above	TH PINE ISLAI ON, FL 33324		ırpose o	f changing i	ts registered	l office or regis	tered agent, or both,
SIGNATUR	⊋F·						
0.014, (1.01		ic Signature of Registered Ager	nt			Date	e
Election Car	npaign Financing	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	GUSTAFSSON, ONE CENTENN PISCATAWAY, D () HAN, JENNIFEF ONE CENTENN PISCATAWAY, CEO ()	IAL AVE. NJ 08855 Delete R Y IAL AVE. NJ 08855 Delete		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	GUSTAFSSC ONE CENTEI PISCATAWA VP KUHL, DAVIE ONE CENTEI PISCATAWA	NNIAL AVE. Y, NJ 08855 (X) Change () A) S NNIAL AVE. Y, NJ 08855 (X) Change () A	ddition
Name: Address: City-St-Zip:	GOODREAU, R 1901 NORTH G RICHARDSON,	LENVILLE DRIVE, SUITE 702		Name: Address: City-St-Zip:	GOODREAU, 1400 VALWO		
Title: Name: Address: City-St-Zip:	MAYHEW, JIMM ONE CENTENN PISCATAWAY,	IAL AVENUE NJ 08855		Title: Name: Address: City-St-Zip:	KLAUSMAN, ONE CENTEI PISCATAWA	NNIAL AVENUE Y, NJ 08855	
Title: Name: Address: City-St-Zip:	EVP () KISSEL, W CR/ ONE CENTENN PISCATAWAY,	IAL AVE.		Title: Name: Address: City-St-Zip:		()Change ()Ad	ddition
Title: Name: Address:	AT () SMOLEN, ROB 3600 PAMMEL			Title: Name: Address:		()Change ()A	ddition

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.

City-St-Zip:

SIGNATURE: ROBERT S. SMOLEN AT 01/05/2006

LA CROSSE, WI 54601

City-St-Zip: