

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002902

FILED
Mar 20, 2006
Secretary of State

Entity Name: MAN PORTFOLIO SERVICES INC.

Current Principal Place of Business:

17 STATE STREET, 18TH FLOOR
NEW YORK, NY 10004

New Principal Place of Business:

Current Mailing Address:

17 STATE STREET, 18TH FLOOR
NEW YORK, NY 10004

New Mailing Address:

FEI Number: 58-3670539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CP () Delete
Name: ROTTACH, SIEGBERT
Address: 17 STATE STREET, 18TH FLOOR
City-St-Zip: NEW YORK, NY 10004

Title: D () Delete
Name: HOLZINGER, THOMAS W
Address: UNGERERETRASSE 69
City-St-Zip: 80805 MUNICH, GERMANY,

Title: D () Delete
Name: LABER, RAINER A
Address: UNGERERETRASSE 69
City-St-Zip: 80805 MUNICH, GERMANY,

Title: T () Delete
Name: RITRAJ, VINO O
Address: 17 STATE STREET 18TH FLOOR
City-St-Zip: NEW YORK, NY 10004

Title: () Delete
Name:
Address:
City-St-Zip:

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
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: POLAK, HANS G
Address: 1300 MOUNT KEMBLE AVENUE
City-St-Zip: MORRISTOWN, NJ 07962

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: VINO O RITRAJ

T

03/20/2006

Electronic Signature of Signing Officer or Director

_____ Date