


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000000006 1. Entity Name NPS MANAGEMENT SERVICES, INC.	
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Principal Place of Business 1818 MARKET ST, 22ND FLOOR PHILADELPHIA, PA 19103	Mailing Address 1818 MARKET ST, 22ND FLOOR PHILADELPHIA, PA 19103
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DO NOT WRITE IN THIS SPACE

03182005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0427407	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REDDINGTON, THOMAS J 1866 COLONIAL VILLAGE ROAD #101 LANCASTER, PA 17605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FITZSIMMONS, ROBERT J 1818 MARKET STREET PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT BIEGELMAN, DALE 1818 MARKET ST, 22ND FLOOR PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT RICHMAN, STEVEN 1818 MARKET ST, 22ND FLOOR PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FAST, SCOTT L 1818 MARKET STREET PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TVP SACHT, JOHN J 1818 MARKET STREET PHILADELPHIA, PA 19103

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03/28/05-80042-012 190.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  3/24/05 215-249-2281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #