


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90465 031 ***150.00

DOCUMENT # F04000000006 1. Entity Name NPS MANAGEMENT SERVICES, INC.					
Principal Place of Business 1818 MARKET ST, 22ND FLOOR PHILADELPHIA, PA 19103			Mailing Address 1818 MARKET ST, 22ND FLOOR PHILADELPHIA, PA 19103		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0427407	
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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REDDINGTON, THOMAS J <input type="checkbox"/> Delete 1866 COLONIAL VILLAGE ROAD #101 LANCASTER, PA 17605		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT + TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOSEPH E. MCKINNEY 1818 MARKET STREET PHILADELPHIA, PA 19103	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FITZSIMMONS, ROBERT J <input type="checkbox"/> Delete 1818 MARKET STREET PHILADELPHIA, PA 19103		TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASSISTANT SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARY ANN DIMAIO 1818 MARKET STREET PHILADELPHIA, PA 19103	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT BIEGELMAN, DALE <input type="checkbox"/> Delete 1818 MARKET ST, 22ND FLOOR PHILADELPHIA, PA 19103		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT RICHMAN, STEVEN <input checked="" type="checkbox"/> Delete 1818 MARKET ST, 22ND FLOOR PHILADELPHIA, PA 19103		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FAST, SCOTT L <input type="checkbox"/> Delete 1818 MARKET STREET PHILADELPHIA, PA 19103		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TVP SACHT, JOHN J <input checked="" type="checkbox"/> Delete 1818 MARKET STREET PHILADELPHIA, PA 19103		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Mary Ann DiMaio</i> MARY ANN DIMAIO Ass't Sec'y 4/27/06 215-299-2281 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					