


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90213 034 \*\*\*150.00

<b>DOCUMENT # F04000000006</b> 1. Entity Name <b>NPS MANAGEMENT SERVICES, INC.</b>			
Principal Place of Business <b>1818 MARKET ST, 22ND FLOOR PHILADELPHIA, PA 19103</b>		Mailing Address <b>1818 MARKET ST, 22ND FLOOR PHILADELPHIA, PA 19103</b>	
2. Principal Place of Business - No P.O. Box # <b>1500 SPRING GARDEN STREET</b>		3. Mailing Address <b>1500 SPRING GARDEN ST</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>PHILADELPHIA PA</b>		City & State <b>PHILADELPHIA PA</b>	
Zip <b>19130</b>		Zip <b>19130</b>	
Country 		Country 	
4. FEI Number <b>20-0427407</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VPT MCKINNEY, JOSEPH E 1818 MARKET STREET PHILADELPHIA, PA 19103</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>1500 SPRING GARDEN STREET PHILADELPHIA PA 19130</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>AS DIMAIO, MARY A 1818 MARKET STREET PHILADELPHIA, PA 19103</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>1500 SPRING GARDEN STREET PHILADELPHIA PA 19130</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>AT BIEGELMAN, DALE 1818 MARKET ST, 22ND FLOOR PHILADELPHIA, PA 19103</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>1500 SPRING GARDEN STREET PHILADELPHIA PA 19130</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>S FAST, SCOTT L 1818 MARKET STREET PHILADELPHIA, PA 19103</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>1500 SPRING GARDEN STREET PHILADELPHIA PA 19130</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PD REDDINGTON, THOMAS J 1866 COLONIAL VILLAGE LANE 101 LANCASTER, PA 17605</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>AT CRISTINI, GARY L 1818 MARKET ST PHILADELPHIA, PA 19103</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>1500 SPRING GARDEN STREET PHILADELPHIA PA 19130</b>	<input checked="" 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: <u>M. J. Mace Asst Secy</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>2/26/08</u> Daytime Phone: <u>215-299-2281</u>	