2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0400000006

Entity Name: NPS MANAGEMENT SERVICES, INC.

FILED Jan 13, 2009 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
	NG GARDEN PHIA, PA 191				
Current Mailing Address:			New Maili	New Mailing Address:	
1500 SPRING GARDEN ST PHILADELPHIA, PA 19130					
FEI Number:	20-0427407	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:	
1200 SOUT	ORATION SYS TH PINE ISLAN ON, FL 33324	ND ROAD			
The above in the State		submits this statement for the pu	ırpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Ager	nt	Date	
Election Carr	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VPT () MCKINNEY, JO 1500 SPRING (PHILADELPHIA	SARDEN ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS () DIMAIO, MARY 1500 SPRING (PHILADELPHIA	SARDEN ST	Title: Name: Address: City-St-Zip:	AS (X) Change () Addition DIMAIO, MARY ANN 1500 SPRING GARDEN ST PHILADELPHIA, PA 19130	
Title: Name: Address: City-St-Zip:	AT () BIEGELMAN, D 1500 SPRING (PHILADELPHIA	SARDEN ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () FAST, SCOTT L 1500 SPRING O PHILADELPHIA	BARDEN ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	REDDINGTON,	L VILLAGE LANE 101	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AT () CRISTINI, GAR 1500 SPRING O PHILADELPHIA	SARDEN ST	Title: Name: Address: City-St-Zip:	AT (X) Change () Addition HAWKINS, M. PRESTON 1500 SPRING GARDEN ST PHILADELPHIA, PA 19130	

I hereby certify that the information supplied with this filing does not qualify 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: MARY ANN DI MAIO AS 01/13/2009