

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001815

FILED
Jan 07, 2005
Secretary of State

Entity Name: FRANCHISE SETTLEMENT SERVICES, INC.

Current Principal Place of Business:

308 ROUTE 38
MOORESTOWN, NJ 08057

New Principal Place of Business:

Current Mailing Address:

1 CAMPUS DRIVE
PARSIPPANY, NJ 08057

New Mailing Address:

FEI Number: 20-0922030 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: P () Delete
Name: CASEY, DONALD
Address: 308 ROUTE 38
City-St-Zip: MOORESTOWN, NJ 08057

Title: V () Delete
Name: FELDMAN, LYNN A
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: S () Delete
Name: BOCK, ERIC J
Address: 9 WEST 57TH STREET
City-St-Zip: NEW YORK, NY 10019

Title: CD () Delete
Name: SMITH, RICHARD A
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: T () Delete
Name: WYSHNER, DAVID B
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: D () Delete
Name: BUCKMAN, JAMES E
Address: 9 WEST 57TH STREET
City-St-Zip: NEW YORK, NY 10019

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
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City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LYNN FELDMAN

VP

01/07/2005

Electronic Signature of Signing Officer or Director

_____ Date