2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006918

Entity Name: FMS INVESTMENT CORP.

FILED Apr 11, 2007 Secretary of State

analy name. The involent contra							
Current Principal Place of Business:				New Principal Place of Business:			
4938 HAMPDEN LANE SUITE 218 BETHESDA, MD 20814				1000 E. WOODFIELD ROAD SUITE 102 SCHAUMBURG, IL 60173			
Current Mailing Address:				New Mailing Address:			
4938 HAMPDEN LANE SUITE 218 BETHESDA, MD 20814				1000 E. WOODFIELD ROAD SUITE 102 SCHAUMBURG, IL 60173			
FEI Number: 5	52-1856693	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Des	sired ()
Name and Address of Current Registered Agent: Na					Address of I	New Registered Agen	t:
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US 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.							
SIGNATUR		Oissants and Danishard Assault				Data	
Electronic Signature of Registered Agent Election Campaign Financing Trust Fund Contribution ().						Date	
				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BALAJI SOUNDAF	DFIELD ROAD, SUITE 102		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DST () D LISE S. HAUPT, 4938 HAMPDEN I BETHESDA, MD	LANE, SUITE 218		Title: Name: Address: City-St-Zip:	ISABELLA WIL	OFIELD ROAD, SUITE 102	
Title: Name: Address: City-St-Zip:	SCOTT WILLIAMS	DFIELD ROAD, SUITE 325		Title: Name: Address: City-St-Zip:	BRUCE MACE	OFIELD ROAD, SUITE 102	
Title: Name: Address: City-St-Zip:	() D	elete		Title: Name: Address: City-St-Zip:	GIL ZITIN,) Change (X) Addition DFIELD ROAD, SUITE 102 3, IL 60173	
Title: Name: Address: City-St-Zip:	() D	velete		Title: Name: Address: City-St-Zip:	TIM ALLEN,) Change (X) Addition DFIELD ROAD, SUITE 102 3, IL 60173	

I hereby certify that the information supplied with this filing does not qualify for the 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: ISABELLA WILSON DST 04/11/2007