

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000458

FILED
Apr 27, 2009
Secretary of State

Entity Name: CAPITAL ONE BUSINESS SERVICES, INC.

Current Principal Place of Business:

1680 CAPITAL ONE DRIVE
MCLEAN, VA 22102

New Principal Place of Business:

Current Mailing Address:

1680 CAPITAL ONE DRIVE
MCLEAN, VA 22102

New Mailing Address:

FEI Number: 26-1413079

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 (X).

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BERSON, JORY
Address: 1680 CAPITAL ONE DRIVE
City-St-Zip: MCLEAN, VA 22102

Title: D () Delete
Name: PERLIN, GARY
Address: 1680 CAPITAL ONE DRIVE
City-St-Zip: MCLEAN, VA 22102

Title: VP () Delete
Name: TEDESCO, SUSAN
Address: 1680 CAPITAL ONE DRIVE
City-St-Zip: MCLEAN, VA 22102

Title: S () Delete
Name: TRAUB, JEAN
Address: 1680 CAPITAL ONE DRIVE
City-St-Zip: MCLEAN, VA 22102

Title: T () Delete
Name: DOLBEC, BRAD
Address: 1680 CAPITAL ONE DRIVE
City-St-Zip: MCLEAN, VA 22102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BERSON, JORY
Address: 15000 CAPITAL ONE DRIVE
City-St-Zip: RICHMOND, VA 23238

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: T (X) Change () Addition
Name: BERKLEY, TERRY
Address: 1680 CAPITAL ONE DRIVE
City-St-Zip: MCLEAN, VA 22102

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: AMY COOK

AS

04/27/2009

Electronic Signature of Signing Officer or Director

Date