


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F92000000210</b>	
1. Entity Name <b>AMERICAN EXPRESS CENTURION SERVICES CORPORATION</b>	

Principal Place of Business <b>200 VESEY ST TAX DEPT NEW YORK, NY 10285 US</b>	Mailing Address <b>200 VESEY ST 30-02 NEW YORK, NY 10285 US</b>
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01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>58-2023511</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<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</b> May Be Added to Fees	000000934416 04/17/08-80042-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GUPTA, ASHWINI 200 VESEY STREET NEW YORK, NY 10285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HALPERN, RHONDA M 200 VESEY STREET NEW YORK, FL 10285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NORMAN, STEPHEN P 200 VESEY STREET NEW YORK, NY 10285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUPTA, ASHWINI 200 VESY STREET NEW YORK, NY 10285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POULSEN, DAVID E 200 VERSEY STREET NEW YORK, NY 10285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Stephen P. Norman 4/1/08 212-640-2918  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #