



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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<b>DOCUMENT # F93000005730</b> 1. Entity Name <b>AT&amp;T FINANCIAL SERVICES INC.</b>			<b>FILED</b> <b>06 MAY -3 PM 4: 13</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>
Principal Place of Business <b>ONE AT&amp;T WAY</b> <b>4A235</b> <b>BEDMINSTER, NJ 07921 US</b>	Mailing Address <b>ONE AT&amp;T WAY</b> <b>4A235</b> <b>BEDMINSTER, NJ 07921 US</b>		
<b>DO NOT WRITE IN THIS SPACE</b>		04262006    No Chg-P    CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>400074512024</b> <b>05/12/06--01015--029 **3450.00</b>  <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PESTER, DAVID ONE AT&T WAY BEDMINSTER, NJ 07921		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMPSON, JOHN W ONE AT&T WAY BEDMINSTER, NJ 07921		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FEIT, ROBERT S ONE AT&T WAY BEDMINSTER, NJ 07921		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEITZ, LEONARD ONE AT&T WAY BEDMINSTER, NJ 07921		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DUAH, ANTOINETTE A ONE AT&T WAY BEDMINSTER, NJ 07921		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS METZGER, KATHLEEN S ONE AT&T WAY BEDMINSTER, NJ 07921		
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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/27/06</b>	Daytime Phone # <b>(908) 234-8955</b>