FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F95000003106

1. Corporation Name

NOVIUS SERVICES XINOX

DISCOVER FINANCIAL SERVICES, INC.

Principal Place of Business
2500 LAKE COOK ROAD
C/O TAX DEPT 1-N
RIVERWOODS IL 60015

Mailing Address

2500 LAKE COOK ROAD

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90020 036 ***150.00



C/O TAX DEPT 1-N RIVERWOODS IL 60015			C/O TAX DEPT., 1-N RIVERWOODS IL 60015				DO NOT WRITE IN THIS SPACE				
,	L 00070	.,,,,					3. Date Incorporated or Qualifed				
							06/27/1995				
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number			plied For	
21	ينا المستعوضينيانيية بالمهاب المهاليان	26	<u> </u>	-			36-4020792		No	t Applicable	
Suite, Apt.	#, etc.	Τ'	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	
22		27					5. Certificate of Status Desired	1	ee Re	quired	
City & State	e	11	City & State				6. Election Campaign Financing	\$	5.00	May Be	
23		28					Trust Fund Contribution	,	dded t	o Fees	
Zip	Country		Zip	Countr	y		8. This corporation owes the current year 1	ntangibl	e		
	25	29	3(<u> </u>			Personal Property Tax.	ĽΥ		□No	
24	9. Name and Address of Current			<u> </u>			10. Name and Address of New Registere	d Agent			
	or Harris and Peoples			81	1	Name					
C T CORPORATION SYSTEM											
• • •	SOUTH PINE ISLAND ROAD		82 Street Add			ress (P.O. Box Number is Not Acceptable)					
	ITATION FL 33324		•,	83	+						
	TATION I E 33324			83	۱ اد						
	e i e e,			84	4	City		85	Zip (Code	
						•	F	L!	·		
office or r	to the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obligation.	of HIODI	da. Such change was auti	יס nonzea סי	v u	he corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	ointmen	t as re	gistered	
SIGNATURE	•										
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE: Re	egistered Agr	ent:	signature require	ed when reinstating) DATE				
12.	OFFICERS ANI	D DIRE	ECTORS	13.			ADDITIONS/CHANGES TO OFFICERS /				
TITLE	C		☐ DELETE	1.1 TITLE			•	. 🗆 c	hange	Additio	
NAME	PURCELL, PHILIP J			1.2 NAME							
STREET ADDRESS	APAG LAVE COOK BOAD			1.3 STREI	ET A	ADDRESS	·				
	RIVERWOODS IL 60015			1.4 CITY-	ST.	-71P		•			
CITY-ST-ZIP	DV		X) DELETE	2.1 TITLE		D			hange	K Addition	
	- 		A 500-1-	2.2 NAME		-	•				
NAME	HODGES, WILLIAM L	٠	دراج الشراطية والمراسب		_		OSEPH A. YOB			. سـ	
STREET ADDRESS	2500 LAKE COOK ROAD					ADDRESS 2	500 LAKE COOK ROAD 😂 🦠				
CITY-ST-ZIP	RIVERWOODS IL 60015		,	2. 4 CITY-	_	r-zıp	IVERWOODS, IL 60015		hange	Addition	
TITLE	DV		DELETE	3,1 TITLE		3			nanye		
NAME	BELLOCK, MARGARET J			3.2 NAME		-	- · · ·				
STREET ADDRESS	2500 LAKE COOK ROAD			3.3 STRE	ET A	ADDRESS	· .				
CITY-ST-ZIP	RIVERWOODS IL 60015			3.4. CITY-	ST.	r-ZIP		·			
TITLE	VPD		☐ DELETE	4.1 TITLE			ه آن سخصت ، ان آن پر هم	<u></u>	A langu	- Addition	
NAME	HAYDEN, HUGH M.			4. 2 NAMI	E		y (3)				
STREET ADDRESS	2500 LAKE COOK ROAD			4.3 STRE	ET/	ADDRESS					
CITY-ST-ZIP	RIVERWOODS IL			4.4 CITY-							
TITLE	T		☐ DELETE	5.1 TITLE	_				hange	Addition	
	FRANK, ALEXANDER C		,	5.2 NAME				_			
NAME.	2 WORLD TRADE CENTER					ADDRESS					
STREET ADDRESS				5.4 CITY-							
CITY-ST-ZIP	NEW YORK NY 10048		XXDELETE	6.1 TITLE		AS		П	hange	XX Additio	
TITLE	AS ASIED BONALO M		AADELETE	-		1	•		u.gu	A-Articologic	
NAME	ADLER, DONALD N			6.2 NAME		1	OBERT M. MURPHY				
STREET ADDRESS							500 LAKE COOK ROAD				
City-St-ZiP	RIVERWOODS IL 60015			6.4 CITY-	ST-	-ZIP R	IVERWOODS, IL 60015				

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attractment with an address, with all other like empowered.

SIGNATURE:

REROBERT M. DMURPHY NG OFFICER OR DIRECTOR

847-405-1179

Daytime Phone #