## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F97000005333

Entity Name: NUVELL FINANCIAL SERVICES CORP

FILED Apr 16, 2004 Secretary of State

Entity Name: NOVELL FINANCIAL SERVICES CORP.						
Current Principal Place of Business:				New Principal Place of Business:		
	NAL PKWY. CK, AR 7222	3				
Current Mailing Address:			Nev	New Mailing Address:		
	NAL PKWY. CK, AR 7222	3				
FEI Number:	62-1711878	FEI Number Applied For ( )	FEI Number	Not Appli	cable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
1200 SOUT	ORATION SYS TH PINE ISLAI DN, FL 33324	ND ROAD				
The above in the State		submits this statement for the pu	irpose of cha	anging it	s registered office or registered agent, or both,	
SIGNATURE:						
	Electron	ic Signature of Registered Ager	nt		Date	
Election Cam	paign Financing	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			AD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DTV ( ) VOSS, LINDA I 17500 CHENAL LITTLE ROCK,				DV (X) Change ( ) Addition VOSS, LINDA I 12850 WEST GRAN BAY PARKWAY JACKSONVILLE, FL 32258	
Title: Name: Address: City-St-Zip:	V () CULVER, GER/ 17500 CHENAL LITTLE ROCK,	PKWY.			S (X) Change ( ) Addition QUENNEVILLE, CAHTY L 200 RENAISSANCE CENTER DETROIT, MI 48265	
Title: Name: Address: City-St-Zip:	BORCHERT, S'	PARKWAY, SUITE 200			( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DC () VANORMAN, JE 200 RENAISSA DETROIT, MI 4	NCE CENTER			()Change()Addition	
Title: Name: Address: City-St-Zip:	PRITCHARD, T	PARKWAY, SUITE 200	Title Nam Addr City-	ie:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CLARK, JAMES	OOD PARK BLVD.			DTV (X) Change ( ) Addition LACOMBE, LAWRENCE B 17500 CHENAL PARKWAY LITTLE ROCK, AR 72223	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SYLVIA BORCHERT AS 04/16/2004