

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90164 036 ***150.00

DOCUMENT # F98000003693 1. Entity Name FIRST USA MANAGEMENT SERVICES, INC.					
Principal Place of Business 201 WALNUT STREET WILMINGTON, DE 19801				Mailing Address 1717 MAIN STREET DALLAS, TX 75265	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 201 North Walnut Street Suite, Apt. #, etc.			
City & State		City & State Wilmington DE		4. FEI Number 75-2565981	
Zip 19801		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCFO FISCHER, RAYMOND 201 NORTH WALNUT STREET WILMINGTON, DE 19801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Mattamira, Vincent J. 500 Christiana Road DE3-4360 Newark DE 19713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CVS GOLDSTEIN, LYNN 1 BANK ONE PLAZA CHICAGO, IL 60670	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Simmelman, Andrew T. 201 Walnut Street DE1-1023 Wilmington DE 19801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SPURLIN, MICHAEL 1700 PACIFIC AVENUE DALLAS, TX 75201	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCP Schuck, Keith W. 201 North Walnut Street DE1-1001 Wilmington DE 19801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TAGILONE, RICHARD 201 WALNUT STREET WILMINGTON, DE 19801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Anderson, Kathleen 500 Christiana Road DE3-4280 Newark DE 19713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVP FLANAGAN, PETER 201 WALNUT STREET WILMINGTON, DE 19801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSV Penkrot, David 201 North Walnut Street DE1-1001 Wilmington DE 19801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVP HETZELSON, ERIC 201 WALNUT STREET WILMINGTON, DE 19801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Authorized Signer Drozek, Frank J. 10 South Dearborn IL1-0308 CHICAGO IL 60603	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: Frank J. Drozek				312-407-8060	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	