


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90182 049 \*\*\*150.00

DOCUMENT # F98000003693 1. Entity Name FIRST USA MANAGEMENT SERVICES, INC.	
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Principal Place of Business 201 WALNUT STREET WILMINGTON, DE 19801	Mailing Address 201 N WALNUT ST WILMINGTON, DE 19801
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**DO NOT WRITE IN THIS SPACE**

04042007 No Chg-P CR2E034 (11/05)

4. FEI Number 75-2565981	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$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

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATTAMIRA, VINCENT J 500 CHRISTIANA RD DE3-4360 NEWARK, DE 19713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEMELMAN, ANDREW T 201 WALNUT ST DE1-1023 WILMINGTON, DE 19801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP SCHUCK, KEITH W 201 N WALNUT ST DE1-1001 WILMINGTON, DE 19801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OV ANDERSON, KATHLEEN 500 CHRISTIANA RD DE3-4280 NEWARK, DE 19713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV PEMKROT, DAVID 201 N WALNUT ST DE1-1001 WILMINGTON, DE 19801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DROZEK, FRANK J 10 S DEARBORN IL1-0308 CHICAGO, IL 60603

**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:** Frank J Drozek  04-06-07 312-407-8060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #