

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90234 046 \*\*\*150.00

0579251 AT

DOCUMENT # F98000006180

1. Entity Name

JONES MANAGEMENT SERVICE COMPANY

Principal Place of Business

200 W 9TH STREET PLAZA  
 SUITE ~~200~~ 700  
 WILMINGTON, DE 19801

Mailing Address

200 W 9TH STREET PLAZA  
 SUITE ~~200~~ 700  
 WILMINGTON DE 19801

B0060905



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

51-0384508

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME DP  
 STREET ADDRESS DANKSY, IRA M  
 CITY-ST-ZIP 200 W 9TH ST, PLAZA, STE #200-700  
 WILMINGTON DE 19801

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME DSV  
 STREET ADDRESS DONNALLEY, JOSEPH T  
 CITY-ST-ZIP 200 W 9TH ST PLAZA, STE #200-700  
 WILMINGTON DE 19801

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME DSV  
 STREET ADDRESS SHUMAN, NORMAN  
 CITY-ST-ZIP 200 W 9TH ST PLAZA, STE #200-700  
 WILMINGTON DE 19801

TITLE ☐ Change ☒ Addition  
 NAME Patricia F. Genzel  
 STREET ADDRESS 200 W 9th St Plaza, Suite 700  
 CITY-ST-ZIP Wilmington DE 19801

TITLE ☐ Delete  
 NAME T  
 STREET ADDRESS MANDELL, ROBIN  
 CITY-ST-ZIP 200 W 9TH ST. PL, STE 200-700  
 WILMINGTON DE 19801

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)