

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000006180

1. Entity Name
JONES MANAGEMENT SERVICE COMPANY



Principal Place of Business
**200 W 9TH STREET PLAZA
SUITE 200
WILMINGTON, DE 19801**

Mailing Address
**200 W 9TH STREET PLAZA
SUITE 200
WILMINGTON, DE 19801**



03302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0384508

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000110839
04/12/04-88100-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DANSKY, IRA M 200 W 9TH ST, PLAZA, STE #200 WILMINGTON, DE 19801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSV DONNALLEY, JOSEPH T 200 W 9TH ST PLAZA, STE #200 WILMINGTON, DE 19801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP GENZEL, PATRICIA F 200 W 9TH ST PLAZA, STE #200 WILMINGTON, DE 19801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MANDELL, ROBIN 200 W 9TH ST. PL, STE 200 WILMINGTON, DE 19801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS DORFSMAN, BETH B 200 WEST 9TH ST. PLAZA, SUITE 200 WILMINGTON, DE 19801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 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 #