

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006180

FILED
Apr 20, 2007
Secretary of State

Entity Name: JONES MANAGEMENT SERVICE COMPANY

Current Principal Place of Business:

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

New Principal Place of Business:

1007 ORANGE STREET
SUITE 2225
WILMINGTON, DE 19801

Current Mailing Address:

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

New Mailing Address:

1007 ORANGE STREET
SUITE 225
WILMINGTON, DE 19801

FEI Number: 51-0384508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DANSKY, IRA M
Address: 1411 BROADWAY
City-St-Zip: NEW YORK, NY 10018

Title: VFAS () Delete
Name: DONNALLEY, JOSEPH T
Address: 180 RITTENHOUSE CIRCLE
City-St-Zip: BRISTOL, PA 19007

Title: V/S () Delete
Name: GENZEL, PATRICIA F
Address: 200 W 9TH ST PLAZA, STE #200
City-St-Zip: WILMINGTON, DE 19801

Title: T () Delete
Name: MANDELL, ROBIN
Address: 200 W 9TH ST PLAZA, STE #200
City-St-Zip: WILMINGTON, DE 19801

Title: AS () Delete
Name: DORFSMAN, BETH B
Address: 1129 WESTCHESTER AVE
City-St-Zip: WHITE PLAINS, NY 10604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V/S (X) Change () Addition
Name: GENZEL, PATRICIA F
Address: 1007 ORANGE STREET SUITE 225
City-St-Zip: WILMINGTON, DE 19801

Title: T (X) Change () Addition
Name: MANDELL, ROBIN
Address: 1007 ORANGE STREET SUITE 225
City-St-Zip: WILMINGTON, DE 19801

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOSEPH T DONNALLEY

VFAS

04/20/2007

Electronic Signature of Signing Officer or Director

Date