2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006180

Title:

Name:

Address: City-St-Zip:

Entity Name: JONES MANAGEMENT SERVICE COMPANY

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1007 ORANGE STREET 1007 ORANGE STREET **SUITE 2225** SUITE 225 WILMINGTON, DE 19801 WILMINGTON, DE 19801 **Current Mailing Address:** New Mailing Address: 1007 ORANGE STREET 180 RITTENHOUSE CIRCLE CORP TAX DEPT SUITE 225 WILMINGTON, DE 19801 BRISTOL, PA 19007 16 FEI Number: 51-0384508 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition DANSKY, IRA M Name: Name: 1411 BROADWAY Address: Address: City-St-Zip: NEW YORK, NY 10018 City-St-Zip: Title: Title: () Delete () Change () Addition Name: DONNALLEY, JOSEPH T Name: 180 RITTENHOUSE CIRCLE Address: Address: BRISTOL, PA 19007 City-St-Zip: City-St-Zip: Title: Title: V/S () Delete () Change () Addition GENZEL, PATRICIA F Name: Name: 1007 ORANGE STREET SUITE 225 Address: Address: City-St-Zip: WILMINGTON, DE 19801 City-St-Zip: Title: () Delete Title: (X) Change () Addition MANDELL, ROBIN MANDELL, ROBIN Name: Name: Address: 1007 ORANGE STREET SUITE 225 Address: 1007 ORANGE STREET SUITE 225 City-St-Zip: City-St-Zip: WILMINGTON, DE 19801 WILMINGTON, DE 19801

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOSEPH T. DONNALLEY T 04/16/2009

() Delete

DORFSMAN, BETH B

1129 WESTCHESTER AVE

WHITE PLAINS, NY 10604

() Change () Addition