2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State
05-11-2005 90129 041 ***550.00

DOCUMENT # F99000005531

1. Entity Name
TAX SERVICES OF AMERICA, INC.

50051796

Principal Place of Business	Mailing Address
7 SYLVAN PARSIPPANY, NJ 07054	1 CAMPUS DR 3RD FLOOR - LEGAL DEPT. PARSIPPANY, NJ 07054

05022005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	7 Sylvan Way Suite, Apt. #, etc.
City & State	City & State: Parsippany, NJ
Zip / Country	Zip: 07054 / Country: USA

4. FEI Number 22-3677427 ☐ 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 32301-2525

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR CHRISTOPOUL, THOMAS D 1 CAMPUS DR PARSIPPANY, NJ 07054	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director/E. Vice President Michael D. Lister 7 Sylvan Way Parsippany, NJ 07054	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR KATZ, SAMUEL L 9 WEST 57TH STREET, 37TH FLOOR NEW YORK, NY 10019	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director/SVP/CFO/Treasurer Mark L. Heimbouch 7 Sylvan Way Parsippany, NJ 07054	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES ENCHURA, RICHARD 339 JEFFERSON ROAD PARSIPPANY, NJ 07054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director/SVP/GC/Secretary Steven L. Barnett 7 Sylvan Way Parsippany, NJ 07054	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WYSHNER, DAVID B 1 CAMPUS DRIVE PARSIPPANY, NJ 07054	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPS BOCK, ERIC J 9 W 57TH ST NEW YORK, NY 10019	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPTX VENTURA, VINCENT 1 CAMPUS DR PARSIPPANY, NJ 07054	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 5/9/05 973-496-3929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #