2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# K07306

Entity Name: PHILIPS MARKETING SERVICES, INC.

FILED Jul 02, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
64 PERIMETER CENTER EAST ATLANTA, GA 31146		64 PERIMETER CENTER EAST ATLANTA, GA 30346	
Current Mailing Address:		New Mailing Address:	
1251 AVENUE OF THE ATTN: PAUL S. FRIEDLANEW YORK, NY 100201	ANDER		
FEI Number: 13-3462816	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 1201 HAYS STREET TALLAHASSEE, FL 323			

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.

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

() Change () Addition Title: () Delete Title: OATES, WARREN T JR. Name: Name: 1251 AVENUE OF THE AMERICAS Address: Address: City-St-Zip: NEW YORK, NY 100201104 City-St-Zip: Title: PD () Delete Title: PD (X) Change () Addition Name: GOINS, KENNETH Name: CHASON, GREGG Address: 64 PERIMETER CENTER EAST Address: 64 PERIMETER CENTER EAST ATLANTA, GA 30346 ATLANTA, GA 30346 City-St-Zip: City-St-Zip:

Title: VPSD () Delete Title: VP (X) Change () Addition Name: HAFNER, THOMAS M Name: SMITH, ROBERT N Address: 64 PERIMETER CENTER EAST Address: 1251 AVENUE OF THE AMERICAS

Address: 64 PERIMETER CENTER EAST Address: 1251 AVENUE OF THE AMERICAS
City-St-Zip: ATLANTA, GA 30346 City-St-Zip: NEW YORK, NY 10020 11

Title: VΡ () Delete Title: SD (X) Change () Addition SMITH, ROBER N RIGGINS, PHILLIPS T Name: Name: Address: 1251 AVE. OF THE AMERICAS Address: 64 PERIMETER CENTER EAST City-St-Zip: NEW YORK, NY 10020 City-St-Zip: ATLANTA, GA 30346

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.

SIGNATURE: ROBERT N. SMITH VP 07/02/2007