

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003955

FILED
Apr 27, 2009
Secretary of State

Entity Name: CAPITAL ONE SERVICES II LLC

Current Principal Place of Business:

1680 CAPITAL ONE DRIVE
MCLEAN, VA 22102

New Principal Place of Business:

Current Mailing Address:

1680 CAPITAL ONE DRIVE
MCLEAN, VA 22102

New Mailing Address:

FEI Number: 81-0672170

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 323012525 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

MANAGING MEMBERS/MANAGERS:

Title: S () Delete
Name: TRAUB, JEAN
Address: 1680 CAPITAL ONE DRIVE
City-St-Zip: MCLEAN, VA 22102

Title: D () Delete
Name: PERLIN, GARY
Address: 1680 CAPITAL ONE DRIVE
City-St-Zip: MCLEAN, VA 22102

Title: T () Delete
Name: LINEHAN, STEPHEN
Address: 1680 CAPITAL ONE DRIVE
City-St-Zip: MCLEAN, VA 22102

Title: CFO () Delete
Name: PERLIN, GARY
Address: 1680 CAPITAL ONE DRIVE
City-St-Zip: MCLEAN, VA 22102

Title: AS () Delete
Name: TRAUB, JEAN K
Address: 1680 CAPITAL ONE DRIVE
City-St-Zip: MCLEAN, VA 22102

Title: CFO () Delete
Name: FAIRBANK, RICHARD
Address: 1680 CAPITAL ONE DRIVE
City-St-Zip: MCLEAN, VA 22102

ADDITIONS/CHANGES:

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

Title: DP (X) Change () Addition
Name: PERLIN, GARY
Address: 1680 CAPITAL ONE DRIVE
City-St-Zip: MCLEAN, VA 22102

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

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

Title: AS (X) Change () Addition
Name: COOK, AMY
Address: 1680 CAPITAL ONE DRIVE
City-St-Zip: MCLEAN, VA 22102

Title: CEO (X) Change () Addition
Name: FAIRBANK, RICHARD
Address: 1680 CAPITAL ONE DRIVE
City-St-Zip: MCLEAN, VA 22102

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: AMY COOK

AS

04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date