


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90027 039 ***150.00

DOCUMENT # P14924

1. Entity Name
FORT WAYNE MANAGEMENT SERVICES, INC.



Principal Place of Business ONE REINSURANCE PLACE 1700 MAGNAVOX WAY FT. WAYNE, IN 46804 US	Mailing Address P O BOX 7808 FT WAYNE, IN 46801-7808 US
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50008962



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-1690454	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYES STREET
 SUITE 105
 TALLAHASSEE, FL 32301**

DO NOT WRITE IN THIS SPACE

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 registering)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD ECKERT, RAYMOND A 175 KING STREET ARMONK, NY 10504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARNOLD, NEAL E 1700 MAGNAVOX WAY FORT WAYNE, IN 46804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRUNNEGRAFF, THOMAS J 175 KING STREET ARMONK, NY 10504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD WILSON, W. W 175 KING STREET ARMONK, NY 10504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRIGAN, PATRICIA D 175 KING STREET ARMONK, NY 10504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LEMON, MARK D 1700 MAGNAVOX WAY FORT WAYNE, IN 46804

DO NOT WRITE IN THIS SPACE

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:  **Raymond A. Eckert** **1/12/05** **877/794-7773**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #