

# 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**

**50008962**



01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**35-1690454**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond A. Eckert

1/12/05

Date

877/794-7773

Daytime Phone #