

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000011915

FILED
Feb 01, 2007
Secretary of State

Entity Name: PARTNERSFIRST MANAGEMENT, INC.

Current Principal Place of Business:

3 HUNTINGTON QUADRANGLE
2 SOUTH
MELVILLE, NY 11754 US

New Principal Place of Business:

Current Mailing Address:

3 HUNTINGTON QUADRANGLE
2 SOUTH
MELVILLE, NY 11754 US

New Mailing Address:

FEI Number: 59-3156379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO, FL 32802 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: EVP () Delete
Name: ANTHONY, STRANGE H
Address: 3350 RIVERWOOD PKWY., STE 1400
City-St-Zip: ATLANTA, GA 30339

Title: CCEO () Delete
Name: MALONE, RONALD A
Address: 3 HUNTINGTON QUADRANGEL 2 SO
City-St-Zip: MELVILLE, NY 11747

Title: SVPT () Delete
Name: POTAPCHUK, JOHN
Address: 3 HUNTINGTON QUADRANGEL 2 SO
City-St-Zip: MELVILLE, NY 11747

Title: AS () Delete
Name: SCHWARTZ, RUTH
Address: 3 HUNTINGTON QUADRANGEL 2 SO
City-St-Zip: MELVILLE, NY 11747

Title: SVPD () Delete
Name: PAIGE, STEPHEN D
Address: 3 HUNINGTON QUADRIANGLE, 2005
City-St-Zip: MELVILLE, NY 11747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MERRI KREMPA

PARA

02/01/2007

Electronic Signature of Signing Officer or Director

Date