

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006158

FILED  
Jan 16, 2007  
Secretary of State

Entity Name: FACSERVICES, INC.

**Current Principal Place of Business:**

1400 VALWOOD PARKWAY  
SUITE 100  
CARROLLTON, TX 75006

**New Principal Place of Business:**

**Current Mailing Address:**

1400 VALWOOD PARKWAY  
SUITE 100  
CARROLLTON, TX 75006

**New Mailing Address:**

FEI Number: 75-2623098      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: VP ( ) Delete  
Name: GUSTAFSSON, MARY E  
Address: ONE CENTENNIAL AVE.  
City-St-Zip: PISCATAWAY, NJ 08855

Title: VP ( ) Delete  
Name: KUHL, DAVID S  
Address: ONE CENTENNIAL AVE.  
City-St-Zip: PISCATAWAY, NJ 08855

Title: CEO ( ) Delete  
Name: GOODREAU, ROBERT W  
Address: 1400 VALWOOD PARKWAY  
City-St-Zip: CARROLLTON, TX 75006

Title: D ( ) Delete  
Name: KLAUSMAN, DAVID  
Address: ONE CENTENNIAL AVENUE  
City-St-Zip: PISCATAWAY, NJ 08855

Title: EVP ( ) Delete  
Name: KISSEL, W CRAIG  
Address: ONE CENTENNIAL AVE.  
City-St-Zip: PISCATAWAY, NJ 08855

Title: AT ( ) Delete  
Name: SMOLEN, ROBERT S  
Address: 3600 PAMMEL CREEK RD  
City-St-Zip: LA CROSSE, WI 54601

**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:

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: ROBERT S. SMOLEN

AT

01/16/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date