


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90052 004 ***150.00

DOCUMENT # F01000005245

1. Entity Name
ADS COMMERCIAL SERVICES, INC.



Principal Place of Business
**8035 QUIVIRA RD
 LENEXA, KS 66214**

Mailing Address
**C/O ALLIANCE DATA SYS.//ATTN: LYNN KAHL
 800 TECHCENTER DRIVE
 GAHANNA, OH 43230**

40020246



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4005174	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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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 _____ (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BELTZ, MICHAEL A 17655 WATERVIEW PARKWAY DALLAS, TX 75252
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHUMACHER, RICHARD E JR. 800 TECHCENTER DRIVE GAHANNA, OH 43230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD UTAY, ALAN M 17655 WATERVIEW PARKWAY DALLAS, TX 75252
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARMAK, ROBERT 800 TECHCENTER DRIVE GAHANNA, OH 43230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HEFFERNAN, EDWARD 17655 WATERVIEW PARKWAY DALLAS, TX 75252
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EPPERSON, LEIGH ANN 17655 WATERVIEW PKWY DALLAS, TX 75252

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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]* **SVP** **2-14-05** **604-725-4618**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #