

SCC eFile  
(6/10)

2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

211511776

1.) CORPORATION NAME:

**Discover DSC Corporation (USED IN VA BY: DealerServices Corporation)**

DUE DATE: **6/30/2011**

SCC ID NO: **F1632811**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI  
CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000,000
PREFER	3,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1320 CITY CENTER DR  
STE 100

CITY/ST/ZIP: CARMEL, IN 46032-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MARTIN MCFARLAND  
TITLE: PRESIDENT  
ADDRESS: 1320 CITY CENTER DR, #100  
CITY/ST/ZIP/CO: CARMEL, IN 46032-

OFFICER

DIRECTOR

NAME: ADAM GALEMA  
TITLE: ASST TREASURER  
ADDRESS: 1320 CITY CENTER DR  
STE 100  
CITY/ST/ZIP/CO: CARMEL, IN 46032-

OFFICER

DIRECTOR

NAME: JOHN WICK  
TITLE: SECRETARY  
ADDRESS: 1320 CITY CENTER DR, STE 100  
CITY/ST/ZIP/CO: CARMEL, IN 46032-

OFFICER

DIRECTOR

NAME: JOHN E FULLER  
TITLE: DIRECTOR  
ADDRESS: 1320 CITY CENTER DR  
#100  
CITY/ST/ZIP/CO: CARMEL, IN 46032-

OFFICER

DIRECTOR

NAME: HARISH NATARAJ  
TITLE: DIRECTOR  
ADDRESS: 245 PARK AVE  
CITY/ST/ZIP/CO: NEW YORK, NY 10167-

OFFICER

DIRECTOR

NAME: DAVID HORAN TITLE: TREASURER ADDRESS: 1320 CITY CENTER DR, #100 CITY/ST/ZIP/CO: CARMEL, IN 46032-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: WILLARD CHERRY TITLE: ASST SECRETARY ADDRESS: 1320 CITY CENTER DR, #100 CITY/ST/ZIP/CO: CARMEL, IN 46032-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: WILLIAM HUDSON TITLE: DIRECTOR ADDRESS: 9 N PARKWAY SQ 4200 NORTHSIDE PKWY NW CITY/ST/ZIP/CO: ATLANTA, GA 30327-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JOSEPH LAMANNA TITLE: DIRECTOR ADDRESS: 1320 CITY CENTER DR, #100 CITY/ST/ZIP/CO: CARMEL, IN 46032-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: DAVID ROBERTS TITLE: DIRECTOR ADDRESS: 245 PARK AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10167-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: WILLIAM MCIVER TITLE: DIRECTOR ADDRESS: 1019 WINDERMERE CROSSING CITY/ST/ZIP/CO: CUMMING, GA 30041-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ JOHN WICK</u>	<u>JOHN WICK, SECRETARY</u>	<u>6/6/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.