

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000004916

**FILED**  
**Jan 15, 2018**  
**Secretary of State**  
**CC2925741976**

**Entity Name:** CONTEMPORARY SERVICES CORPORATION

**Current Principal Place of Business:**

17101 SUPERIOR ST  
NORTHRIDGE, CA 91325

**Current Mailing Address:**

P.O. BOX 280456  
NORTHRIDGE, CA 91328 US

**FEI Number: 95-2832166**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title D  
Name ZUMWALT, DAMON  
Address 17101 SUPERIOR ST  
City-State-Zip: NORTHRIDGE CA 91325

Title P  
Name GRANGER, JAMES  
Address 17101 SUPERIOR ST  
City-State-Zip: NORTHRIDGE CA 91325

Title D  
Name ZUMWALT, COY EJ  
Address 17101 SUPERIOR ST  
City-State-Zip: NORTHRIDGE CA 91325

Title S  
Name SERVICE, JAMES H  
Address 17101 SUPERIOR ST  
City-State-Zip: NORTHRIDGE CA 91325

Title T  
Name ERICKSON, PAUL  
Address 17101 SUPERIOR ST  
City-State-Zip: NORTHRIDGE CA 91325

Title D  
Name MIRABILE, STEPHEN  
Address 17101 SUPERIOR STREET  
City-State-Zip: NORTHRIDGE CA 91325

Title DIRECTOR  
Name GLASER, MARK  
Address 17101 SUPERIOR ST  
City-State-Zip: NORTHRIDGE CA 91325

*I hereby 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 all other like empowered.*

**SIGNATURE: JAMES SERVICE**

**SECRETARY**

**01/15/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date