

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000000355

**Entity Name:** GAP SERVICES, INC.**Current Principal Place of Business:**2 FOLSOM STREET  
SAN FRANCISCO, CA 94105**Current Mailing Address:**P.O. BOX 27809  
ALBUQUERQUE, NM 87125-7809 US**FEI Number:** 68-0578068**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	PCEO
Name	MURPHY, GLENN
Address	2 FOLSOM STREET
City-State-Zip:	SAN FRANCISCO CA 94105

Title	VCFO
Name	SIMMONS, SABRINA
Address	2 FOLSOM STREET
City-State-Zip:	SAN FRANCISCO CA 94105

Title	V
Name	CROSTON, THOMAS A
Address	40 FIRST PLAZA CENTER NW
City-State-Zip:	ALBUQUERQUE NM 87102

Title	P
Name	LENK, TOBY
Address	2 FOLSOM STREET
City-State-Zip:	SAN FRANCISCO CA 94105

Title	P
Name	PECK, ARTHUR L
Address	2 FOLSOM STREET
City-State-Zip:	SAN FRANCISCO CA 94105

*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:** THOMAS A. CROSTON

VP-FINANCE

03/26/2013

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