

2019 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
ANNUAL REPORTS
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	CEO
Name	PECK, ARTHUR L
Address	2 FOLSOM STREET
City-State-Zip:	SAN FRANCISCO CA 94105

Title	CFO
Name	LIST-STOLL, TERI
Address	2 FOLSOM STREET
City-State-Zip:	SAN FRANCISCO CA 94105

Title	SECRETARY
Name	GRUBER, JULIE
Address	2 FOLSOM STREET
City-State-Zip:	SAN FRANCISCO CA 94105

Title	TREASURER
Name	ABRAHAMS, MARK
Address	2 FOLSOM STREET
City-State-Zip:	SAN FRANCISCO CA 94105

Title	DIRECTOR
Name	MERTENS, LISA D
Address	2 FOLSOM STREET
City-State-Zip:	SAN FRANCISCO CA 94105

Title	DIRECTOR
Name	MA, MARIE
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: MARK ABRAHAMS**TREASURER****05/01/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date