FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
05 MAY -1 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **825436** **(9)**

1. Corporation Name
UNITED STATES ELEVATOR CORP.

Principal Place of Business	Mailing Address
10728 US ELEVATOR RD. 9333 BALBOA AVENUE. MS 10-31 SPG VALLEY CA 91978-2097 US	10728 US ELEVATOR RD. 9333 BALBOA AVENUE. MS 10-31 SAN DIEGO CA 92123 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1970
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 1825 GILLESPIE WAY
22 Suite, Apt. #, etc:
23 City & State: EL CAJON CA
24 Zip: 92020
25 Country: USA

2a. Mailing Address
26: 1825 GILLESPIE WAY
27 Suite, Apt. #, etc:
28 City & State: EL CAJON CA
29 Zip: 92020
30 Country: USA

4. FEI Number: 95-2476246 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	HELSLEY, EDWARD F.	12 NAME	DeLeTe
STREET ADDRESS	10728 U.S. ELEVATOR ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	SPRING VALLEY CA	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☒ Change ☐ Addition
NAME	FERGUSON, JOHN R.	22 NAME	
STREET ADDRESS	10728 U.S. ELEVATOR RD.	23 STREET ADDRESS	1825 GILLESPIE WAY
CITY-ST-ZIP	SPRING VALLEY CA	24 CITY-ST-ZIP	EL CAJON CA 92025
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	SODERBECK, PAMELA M.	32 NAME	DeLeTe
STREET ADDRESS	10728 US ELEVATOR RD.	33 STREET ADDRESS	
CITY-ST-ZIP	SPG VALLEY CA	34 CITY-ST-ZIP	
TITLE	C	41 TITLE	☒ Change ☐ Addition
NAME	BOWEN, FREDERICK N.	42 NAME	
STREET ADDRESS	10728 US ELEVATOR RD.	43 STREET ADDRESS	1825 GILLESPIE WAY
CITY-ST-ZIP	SPG VALLEY CA	44 CITY-ST-ZIP	EL CAJON CA 92020
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	ELLIOTT, GARRY	52 NAME	
STREET ADDRESS	10728 US ELEVATOR RD.	53 STREET ADDRESS	1825 GILLESPIE WAY
CITY-ST-ZIP	SPG VALLEY CA	54 CITY-ST-ZIP	EL CAJON CA 92020
TITLE	D	61 TITLE	SECRETARY ☐ Change ☒ Addition
NAME	BOYLE, WILLIAM W.	62 NAME	H. KARL ZOSWITZ JR
STREET ADDRESS	9333 BALBOA AVE.	63 STREET ADDRESS	1825 GILLESPIE WAY
CITY-ST-ZIP	SAN DIEGO CA	64 CITY-ST-ZIP	EL CAJON CA 92020

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Fred Bowen Frederick N Bowen 4/25/05 619 576 6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0479057 FP