

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90014 011 \*\*\*150.00

**DOCUMENT # F02000001462**

1. Entity Name  
LANGUAGE LINE SERVICES, INC.



Principal Place of Business

C/O JEFFREY GRACE  
ONE LOWER RAGSDALE DRIVE, BLDG. 2  
MONTEREY, CA 93940

Mailing Address

C/O JEFFREY GRACE  
ONE LOWER RAGSDALE DRIVE, BLDG. 2  
MONTEREY, CA 93940

2. Principal Place of Business - No P.O. Box #  
c/o Michael Schmidt

3. Mailing Address  
c/o Michael Schmidt

Suite, Apt. #, etc.  
One Lower Ragsdale Dr.

Suite, Apt. #, etc.  
One Lower Ragsdale Dr.

City & State  
Monterey, CA

City & State  
Monterey, CA

Zip  
93940

Country  
USA

Zip  
93940

Country  
USA

01042008

Chg-P

CR2E034 (12/06)

4. FEI Number  
77-0586710

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRACUP, DENNIS 25430 VIA CICINDELA CARMEL, CA 93923	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCFD GRACE, JEFFREY C 21160 OLD RANCH CT SALINAS, CA 93908	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Dracup, Dennis One Lower Ragsdale Dr., Bldg. 2 Monterey, CA 93940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Louis Provenzano One Lower Ragsdale Dr., Bldg. 2 Monterey, CA 93940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Michael Schmidt One Lower Ragsdale Dr., Bldg. 2 Monterey, CA 93940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael Schmidt*

Michael Schmidt, Secretary

831-648-7171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #