

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001462

FILED  
May 14, 2009  
Secretary of State

Entity Name: LANGUAGE LINE SERVICES, INC.

## Current Principal Place of Business:

C/O MICHAEL SCHMIDT  
ONE LOWER RAGESDALE DRIVE  
MONTEREY, CA 93940

## New Principal Place of Business:

C/O MICHAEL SCHMIDT  
ONE LOWER RAGESDALE DRIVE, BLDG. 2  
MONTEREY, CA 93940

## Current Mailing Address:

C/O MICHAEL SCHMIDT  
ONE LOWER RAGESDALE DRIVE  
MONTEREY, CA 93940

## New Mailing Address:

C/O MICHAEL SCHMIDT  
ONE LOWER RAGESDALE DRIVE, BLDG. 2  
MONTEREY, CA 93940

FEI Number: 77-0586710

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: DRACUP, DENNIS  
Address: ONE LOWER RAGSDALE DR, BLDG. 2  
City-St-Zip: MONTEREY, CA 93940 US

Title: PD ( ) Delete  
Name: PROVENZANO9, LOUIS  
Address: ONE LOWER RAGSDALE DR. BLDG. 2  
City-St-Zip: MONTEREY, CA 93940 US

Title: STD ( ) Delete  
Name: SCHMIDT, MICHAEL  
Address: ONE LOWER RAGSDALE DR, BLDG. 2  
City-St-Zip: MONTEREY, CA 93940

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL SCHMIDT

CFO

05/14/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date