

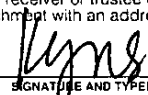


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90311 020 ***158.75

DOCUMENT # F02000005744 1. Entity Name LEAR SIEGLER SERVICES, INC.					
Principal Place of Business 200 ORCHARD RIDGE RD. SUITE 101 GAITHERSBURG, MD 20878				Mailing Address 100 CALIFORNIA ST. STE. 500 SAN FRANCISCO, CA 94111	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 600 MONTGOMERY STREET Suite, Apt. #, etc. 25TH FLOOR City & State SAN FRANCISCO, CA Zip 94111 Country US			
4. FEI Number 27-0031024				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				01042005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AINSWORTH, KENT P 600 MONTGOMERY STREET, 25TH FLOOR SAN FRANCISCO, CA 94111	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASTERS, JOSEPH 600 MONTGOMERY STREET, 25TH FLOOR SAN FRANCISCO, CA 94111	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NELSON, DAVID C 600 MONTGOMERY STREET, 25TH FLOOR SAN FRANCISCO, CA 94111	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VT RODGERS, JUDY 600 MONTGOMERY ST., 25TH FLOOR SAN FRANCISCO, CA 94111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MELTON, GEORGE R 200 ORCHARD RIDGE DR, SUITE 101 GAITHERSBURG, MD 20878	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP AINSWORTH, KENT P 600 MONTGOMERY STREET, 25TH FLOOR SAN FRANCISCO, CA 94111	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MASTERS, JOSEPH 600 MONTGOMERY STREET, 25TH FLOOR SAN FRANCISCO, CA 94111	<input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: 		KRISTIN L. JONES, ASST. SECRETARY		2.1.05 774.2700	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

ATTACHMENT

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LEAR SIEGLER SERVICES, INC.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	BRIMHALL, REED
STREET ADDRESS		STREET ADDRESS	600 Montgomery Street, 25th Floor
CITY-ST-ZIP		CITY-ST-ZIP	San Francisco, CA 94111
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICFO/AT/AS	NAME	
STREET ADDRESS	NEEB, WILLIAM	STREET ADDRESS	
CITY-ST-ZIP	200 Orchard Ridge Drive, Suite 100	CITY-ST-ZIP	
	Gaithersburg, MD 20878		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V/S	NAME	
STREET ADDRESS	YOUNG, STUART I.	STREET ADDRESS	
CITY-ST-ZIP	200 Orchard Ridge Drive, Suite 100	CITY-ST-ZIP	
	Gaithersburg, MD 20878		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V	NAME	
STREET ADDRESS	RUDISIN, ROBERT	STREET ADDRESS	
CITY-ST-ZIP	900 Clopper Road, Suite 200	CITY-ST-ZIP	
	Gaithersburg, MD 20878		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V	NAME	
STREET ADDRESS	WALLACE, DAVID	STREET ADDRESS	
CITY-ST-ZIP	900 Clopper Road, Suite 200	CITY-ST-ZIP	
	Gaithersburg, MD 20878		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V	NAME	
STREET ADDRESS	DONNELLY, MICHAEL	STREET ADDRESS	
CITY-ST-ZIP	900 Clopper Road, Suite 200	CITY-ST-ZIP	
	Gaithersburg, MD 20878		
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V	NAME	P/CEO
STREET ADDRESS	WOTRING, RANDALL	STREET ADDRESS	WOTRING, RANDALL A.
CITY-ST-ZIP	900 Clopper Road, Suite 200	CITY-ST-ZIP	200 Orchard Ridge Road, Suite 101
	Gaithersburg, MD 20878		Gaithersburg, MD 20878
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V	NAME	
STREET ADDRESS	VISTED, FRANK	STREET ADDRESS	
CITY-ST-ZIP	900 Clopper Road, Suite 200	CITY-ST-ZIP	
	Gaithersburg, MD 20878		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V	NAME	
STREET ADDRESS	ALLEN, LEX	STREET ADDRESS	
CITY-ST-ZIP	900 Clopper Road, Suite 200	CITY-ST-ZIP	
	Gaithersburg, MD 20878		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Controller	NAME	
STREET ADDRESS	KENNEDY, JOHN	STREET ADDRESS	
CITY-ST-ZIP	900 Clopper Road, Suite 200	CITY-ST-ZIP	
	Gaithersburg, MD 20878		

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Document Number F02000005744

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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, GREG	NAME	
STREET ADDRESS	200 Orchard Ridge Drive, Suite 100	STREET ADDRESS	
CITY-ST-ZIP	Gaithersburg, MD 20878	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, RICHARD P.	NAME	
STREET ADDRESS	900 Clopper Road, Suite 200	STREET ADDRESS	
CITY-ST-ZIP	Gaithersburg, MD 20878	CITY-ST-ZIP	
TITLE		TITLE	v <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	WEAKLEY, ALAN
STREET ADDRESS		STREET ADDRESS	900 Clopper Road, Suite 200
CITY-ST-ZIP		CITY-ST-ZIP	Gaithersburg, MD 20878
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUMMERSTEDT, CAROL	NAME	
STREET ADDRESS	600 Montgomery Street, 25th floor	STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94111	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, KRISTIN L.	NAME	
STREET ADDRESS	600 Montgomery Street, 25th floor	STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94111	CITY-ST-ZIP	