# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/1

**FILED**
**Feb 14, 2003 8:00 am**
**Secretary of State**
01-17-2003 90071 037 ***150.00

DOCUMENT # F02000005744

1. Entity Name
LEAR SIEGLER SERVICES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 900 CLOOPER RD STE. 200<br>GAITHERSBURG MD 20878 | 100 CALIFORNIA ST. STE. 500<br>SAN FRANCISCO CA 94111 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 200 ORCHARD RIDGE RD. | |
| Suite, Apt. #, etc.<br>SUITE 101 | Suite, Apt. #, etc. |
| City & State<br>GAITHERSBURG, MD | City & State |
| Zip<br>20878 Country | Zip Country |

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 27-0031024 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2003 Fee will be $550.00**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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<br>AINSWORTH, KENT P<br>100 CALIFORNIA STREET STE. 500<br>SAN FRANCISCO CA 94111 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MASTERS, JOSEPH<br>100 CALIFORNIA STREET STE. 500<br>SAN FRANCISCO CA 94111 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NELSON, DAVID C<br>100 CALIFORNIA STREET STE. 500<br>SAN FRANCISCO CA 94111 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>NELSON, DAVID C.<br>100 CALIFORNIA ST., STE 500<br>SAN FRANCISCO, CA 94111<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PCEO<br>MELTON, GEORGE R<br>900 CLOOPER RD STE. 200<br>GAITHERSBURG MD 20878 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PCEO<br>MELTON, GEORGE R.<br>200 ORCHARD RIDGE DR., SUITE 101<br>GAITHERSBURG, MD 20878<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | EVP<br>AINSWORTH, KENT P<br>100 CALIFORNIA STREET STE. 500<br>SAN FRANCISCO CA 94111 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>MASTERS, JOSEPH<br>100 CALIFORNIA STREET STE. 500<br>SAN FRANCISCO CA 94111 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (10/02)

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:** SIGNATURE REQUIRED KRISTIN L. JONES, ASST. SECRETARY 1-6-03 415-774-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 90004264

**LEAR SIEGLER SERVICES, INC.**
**Document Number F02000005744** 55007073

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE | | ☐ Delete | TITLE | V/CFO/AT/AS | ☒ Change ☐ Addition |
| NAME | | | NAME | NEEB, WILLIAM | |
| STREET ADDRESS | | | STREET ADDRESS | 200 Orchard Ridge Road, Suite 101 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Gaithersburg, MD 20878 | |
| TITLE | | ☐ Delete | TITLE | V/S | ☒ Change ☐ Addition |
| NAME | | | NAME | YOUNG, STUART I. | |
| STREET ADDRESS | | | STREET ADDRESS | 200 Orchard Ridge Road, Suite 101 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Gaithersburg, MD 20878 | |
| TITLE | | ☐ Delete | TITLE | V | ☒ Change ☐ Addition |
| NAME | | | NAME | RUDISIN, ROBERT | |
| STREET ADDRESS | | | STREET ADDRESS | 200 Orchard Ridge Road, Suite 101 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Gaithersburg, MD 20878 | |
| TITLE | | ☐ Delete | TITLE | V | ☒ Change ☐ Addition |
| NAME | | | NAME | WALLACE, DAVID | |
| STREET ADDRESS | | | STREET ADDRESS | 200 Orchard Ridge Road, Suite 101 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Gaithersburg, MD 20878 | |
| TITLE | | ☐ Delete | TITLE | V | ☒ Change ☐ Addition |
| NAME | | | NAME | DONNELLY, MICHAEL | |
| STREET ADDRESS | | | STREET ADDRESS | 200 Orchard Ridge Road, Suite 101 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Gaithersburg, MD 20878 | |
| TITLE | | ☐ Delete | TITLE | V | ☒ Change ☐ Addition |
| NAME | | | NAME | WOTRING, RANDALL A. | |
| STREET ADDRESS | | | STREET ADDRESS | 200 Orchard Ridge Road, Suite 101 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Gaithersburg, MD 20878 | |
| TITLE | | ☐ Delete | TITLE | V | ☒ Change ☐ Addition |
| NAME | | | NAME | VISTED, FRANK | |
| STREET ADDRESS | | | STREET ADDRESS | 200 Orchard Ridge Road, Suite 101 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Gaithersburg, MD 20878 | |
| TITLE | | ☐ Delete | TITLE | V | ☒ Change ☐ Addition |
| NAME | | | NAME | ALLEN, LEX | |
| STREET ADDRESS | | | STREET ADDRESS | 200 Orchard Ridge Road, Suite 101 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Gaithersburg, MD 20878 | |
| TITLE | | ☐ Delete | TITLE | Controller | ☒ Change ☐ Addition |
| NAME | | | NAME | KENNEDY, JOHN | |
| STREET ADDRESS | | | STREET ADDRESS | 200 Orchard Ridge Road, Suite 101 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Gaithersburg, MD 20878 | |

Attachment 90004264

**LEAR SIEGLER SERVICES, INC.**
**Document Number F02000005744** 55007073

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE | | ☐ Delete | TITLE | T | ☒ Change ☐ Addition |
| NAME | | | NAME | ROBINSON, GREG | |
| STREET ADDRESS | | | STREET ADDRESS | 200 Orchard Ridge Road, Suite 101 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Gaithersburg, MD 20878 | |
| TITLE | | ☐ Delete | TITLE | V | ☒ Change ☐ Addition |
| NAME | | | NAME | WILLIAMSON, RICHARD P. | |
| STREET ADDRESS | | | STREET ADDRESS | 200 Orchard Ridge Road, Suite 101 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Gaithersburg, MD 20878 | |
| TITLE | AS | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | BRUMMERSTEDT, CAROL | | NAME | | |
| STREET ADDRESS | 100 California Street, Suite 500 | | STREET ADDRESS | | |
| CITY-ST-ZIP | San Francisco, CA 94111 | | CITY-ST-ZIP | | |
| TITLE | AS | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | JONES, KRISTIN L. | | NAME | | |
| STREET ADDRESS | 100 California Street, Suite 500 | | STREET ADDRESS | | |
| CITY-ST-ZIP | San Francisco, CA 94111 | | CITY-ST-ZIP | | |