

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000003181

1. Entity Name

ALTA REAL ESTATE SERVICES, INC.



Principal Place of Business

3815 SOUTH WEST TEMPLE
SALT LAKE CITY UT 84115-4412

Mailing Address

P.O. BOX 65428
ATTN: CORPORATE LEGAL DEPT.
SALT LAKE CITY UT 84165-0428

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

87-0675965

Applied For

Not Applied

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 type is a person 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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May C
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME HOLLINGSWORTH, MATTHEW LEE
STREET ADDRESS 3815 SOUTH WEST TEMPLE
CITY-ST-ZIP SALT LAKE CITY UT 84115-4412

TITLE T ☐ Delete
NAME MARSHALL, BRYAN M.
STREET ADDRESS 3815 SOUTH WEST TEMPLE
CITY-ST-ZIP SALT LAKE CITY UT 84115-4412

TITLE S ☐ Delete
NAME HOLZ, ROBERT J.
STREET ADDRESS 3815 SOUTH WEST TEMPLE
CITY-ST-ZIP SALT LAKE CITY UT 84115-4412

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Add
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TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

JOFF T. GATHMAN
BEST SECRETARY, SPS ILLINOIS CORP.

Date

Payable Phone #