

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000006205

1. Entity Name
WESTERN SERVICE CONTRACT CORP.



Principal Place of Business
**3601 HAVEN AVENUE
 MENLO PARK, CA 94025**

Mailing Address
**3601 HAVEN AVENUE
 MENLO PARK, CA 94025**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-2970793

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

**DO NOT WRITE
 IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME MCGRAW, MICHAEL J
 STREET ADDRESS 3601 HAVEN AVENUE
 CITY-ST-ZIP MENLO PARK, CA 94025

TITLE VSD
 NAME SUMMERS, TIMOTHY J
 STREET ADDRESS 3601 HAVEN AVENUE
 CITY-ST-ZIP MENLO PARK, CA 94025

TITLE VT
 NAME MCSWEENEY, BRIAN J
 STREET ADDRESS 3601 HAVEN AVENUE
 CITY-ST-ZIP MENLO PARK, CA 94025

TITLE CD
 NAME MCGRAW, JOHN V JR
 STREET ADDRESS 3601 HAVEN AVENUE
 CITY-ST-ZIP MENLO PARK, CA 94025

TITLE D
 NAME MCGRAW, JOAN DAVEY
 STREET ADDRESS 3601 HAVEN AVENUE
 CITY-ST-ZIP MENLO PARK, CA 94025

TITLE D
 NAME MCGRAW, JOHN M
 STREET ADDRESS 3601 HAVEN AVENUE
 CITY-ST-ZIP MENLO PARK, CA 94025

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 IN THIS SPACE**

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 another like empowered.

SIGNATURE: *Timothy Summers*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-07 650/556-8269
 Date Daytime Phone #