

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000355

FILED  
Apr 23, 2012  
Secretary of State

Entity Name: GAP SERVICES, INC.

**Current Principal Place of Business:**

2 FOLSOM STREET  
SAN FRANCISCO, CA 94105

**New Principal Place of Business:**

**Current Mailing Address:**

40 FIRST PLAZA CENTER NW  
ALBUQUERQUE, NM 87102

**New Mailing Address:**

FEI Number: 68-0578068

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: MURPHY, GLENN  
Address: 2 FOLSOM STREET  
City-St-Zip: SAN FRANCISCO, CA 94105

Title: VCFO  
Name: SIMMONS, SABRINA  
Address: 2 FOLSOM STREET  
City-St-Zip: SAN FRANCISCO, CA 94105

Title: V  
Name: CROSTON, THOMAS A  
Address: 40 FIRST PLAZA CENTER NW  
City-St-Zip: ALBUQUERQUE, NM 87102

Title: P  
Name: LENK, TOBY  
Address: 2 FOLSOM STREET  
City-St-Zip: SAN FRANCISCO, CA 94105

Title: P  
Name: PECK, ARTHUR L  
Address: 2 FOLSOM STREET  
City-St-Zip: SAN FRANCISCO, CA 94105

I hereby 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 all other like empowered.

SIGNATURE: THOMAS A. CROSTON

VP

04/23/2012

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

\_\_\_\_\_  
Date