FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sundra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:40

DOCUMENT # F93000000921 (7)

1. Corporation Name
GROUP MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
3400-188TH STREET, SW SUITE 218 LYNNWOOD WA 98037	3400-188TH STREET, SW SUITE 218 LYNNWOOD WA 98037

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/18/1993
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26 50 Avon Meadow Lane
Suite, Apt. #, etc.
27
City & State
28 Avon, CT
Zip / Country
29 06001 / 30 USA

4. FEI Number: 91-1306242 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, THOMAS G	1.2 NAME	
STREET ADDRESS	ONE LIBERTY PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10006	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, KEVIN P	2.2 NAME	
STREET ADDRESS	ONE LIBERTY PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10006	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☒ Change ☐ Addition
NAME	WANS, JOYCE A	3.2 NAME	Remove - Left Corporation
STREET ADDRESS	3400-188TH ST., S.W., #218	3.3 STREET ADDRESS	
CITY-ST-ZIP	LYNNWOOD WA 98037	3.4 CITY-ST-ZIP	
TITLE	EVP	4.1 TITLE	☐ Change ☐ Addition
NAME	FRANCISCO, RICHARD	4.2 NAME	
STREET ADDRESS	3400-188TH ST., S.W. #218	4.3 STREET ADDRESS	
CITY-ST-ZIP	LYNNWOOD WA 98037	4.4 CITY-ST-ZIP	
TITLE	SVP	5.1 TITLE	☒ Change ☐ Addition
NAME	KEMP, MICHAEL	5.2 NAME	Remove - Left Corporation
STREET ADDRESS	ONE LIBERTY PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10006	5.4 CITY-ST-ZIP	
TITLE	SVP	6.1 TITLE	☐ Change ☐ Addition
NAME	NESBITT, DONALD	6.2 NAME	
STREET ADDRESS	5511 CAPITOL CENTRE DR., STE. 300	6.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGHT NC 27622	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kevin Walker 1/20/95 (212) 385 9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Kevin P. Walker

0482101 FP

(2)

ATTACHMENT
STATE OF FLORIDA, DEPARTMENT OF STATE
1995 ANNUAL REPORT - GROUP MANAGEMENT SERVICES, INC.

Re: Block 13
Officer Addition

Title: SVP
Name: Corliss, Gary L.
Address: 50 Avon Meadow Lane
City-St-Zip: Avon, CT 06001