

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000000921 (7)**

1. Corporation Name

GROUP MANAGEMENT SERVICES, INC.



Principal Place of Business

**3400-188TH STREET, SW
SUITE 218
LYNNWOOD WA 98037**

Mailing Address

**90 AVON MEADOW LANE
AVON CT 06001
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/18/1993	3a. Date of Last Report 02/13/1996
21 16400 SOUTH CENTRAL PKW	26			4. FEI Number 91-1306242	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22 Suite, Apt. #, etc. SUITE 514	27	Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State SEATTLE, WA	28	City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 98188	25 Country USA	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, THOMAS G	1.2 NAME	
STREET ADDRESS	ONE LIBERTY PLAZA	1.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW YORK NY 10006	1.4 CITY-STATE-ZIP	
TITLE	DST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, KEVIN P	2.2 NAME	
STREET ADDRESS	ONE LIBERTY PLAZA	2.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW YORK NY 10006	2.4 CITY-STATE-ZIP	
TITLE	EVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCISCO, RICHARD	3.2 NAME	
STREET ADDRESS	ONE LIBERTY PLAZA	3.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW YORK NY	3.4 CITY-STATE-ZIP	
TITLE	SVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESBITT, DONALD	4.2 NAME	
STREET ADDRESS	5511 CAPITOL CENTRE DR., STE. 300	4.3 STREET ADDRESS	
CITY-STATE-ZIP	RALEIGH NC	4.4 CITY-STATE-ZIP	
TITLE	SVP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORLISS, GARY	5.2 NAME	
STREET ADDRESS	90 AVON MEADOW LANE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	AVON CT	5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do 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 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 P. Walker* **KEVIN P. WALKER** 7-25-97 (212) 669-9652

CR2E034 (4/97)