

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 09 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 # F93000004189 (7)

1. Corporation Name
ADVANCED MANAGEMENT SERVICES, INC.

Principal Place of Business 3030 N CENTRAL AVE. SUITE 710 PHOENIX AZ 85012	Mailing Address 3030 N CENTRAL AVE. SUITE 710 PHOENIX AZ 85012-2714
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/13/1993	3a. Date of Last Report 05/01/1996
21		26		4. FEI Number 86-0687725	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301		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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP ☒ DELETE	1.1 TITLE	President ☐ Change ☒ Addition
NAME	RUSHTON, ENNIS	1.2 NAME	John Snedegar
STREET ADDRESS	3030 N. CENTRAL AVE., STE. 710	1.3 STREET ADDRESS	18872 McArthur Blvd. Suite 300
CITY-ST-ZIP	PHOENIX AZ 85012	1.4 CITY-ST-ZIP	Irvine, CA 92415
TITLE	DVPT ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KUTTER, ERICA D	2.2 NAME	
STREET ADDRESS	3030 N CENTRAL AVE., STE 710	2.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ	2.4 CITY-ST-ZIP	
TITLE	DVP ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CHRISTENSEN, DALE	3.2 NAME	
STREET ADDRESS	3030 N CENTRAL AVE., STE 710	3.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day:me Phone #

CP2E034 (9/96)