

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000006273 (5)**

1. Corporation Name
GRT SERVICE I, INC.



Principal Place of Business: **400 S. EL CAMINO REAL SUITE 1100 SAN MATEO CA 94402-1708**
Mailing Address: **400 S. EL CAMINO REAL SUITE 1100 SAN MATEO CA 94402-1708**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/26/1995	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number APPLIED FOR 94-3235278	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 _____ (NOTE: Registered Agent signature required when necessary) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATINOVICH, ANDREW	1.2 NAME	
STREET ADDRESS	400 S. EL CAMINO REAL SUITE 1100	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN MATEO CA 94402-1708	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRONE, WALLACE A JR.	2.2 NAME	
STREET ADDRESS	400 S. EL CAMINO REAL SUITE 1100	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN MATEO CA 94402-1708	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, JUNE	3.2 NAME	
STREET ADDRESS	400 S. EL CAMINO REAL SUITE 1100	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN MATEO CA 94402-1708	3.4 CITY-ST-ZIP	
TITLE	PCEO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLE, SANDRA L	4.2 NAME	
STREET ADDRESS	400 S. EL CAMINO REAL SUITE 1100	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN MATEO CA 94402-1708	4.4 CITY-ST-ZIP	
TITLE	CFO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNICK, TERRI	5.2 NAME	
STREET ADDRESS	400 S. EL CAMINO REAL SUITE 1100	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN MATEO CA 94402-1708	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRICH, JUDY	6.2 NAME	
STREET ADDRESS	400 S. EL CAMINO REAL SUITE 1100	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN MATEO CA 94402-1708	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)(k), 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 in an attachment with an address.

SIGNATURE *Sandra L. Boyle* Sandra L. Boyle 3/19/96 (415) 343-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)