

**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 <b>12/26/1995</b>	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>APPLIED FOR 94-3235278</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				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
				<b>FL</b>		

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