

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90260 010 ***150.00

DOCUMENT # F96000001267

1. Entity Name
FRITZ DOMESTIC SERVICES, INC.

Principal Place of Business

**706 MISSION ST
 SUITE 1000
 SAN FRANCISCO CA 94103**

Mailing Address

**706 MISSION ST
 SUITE 1000
 SAN FRANCISCO CA 94103**

2. Principal Place of Business
55 Second Street

Suite, Apt. #, etc.

3. Mailing Address
55 Second Street

Suite, Apt. #, etc.

City & State
San Francisco, CA

Zip
94105

Country
USA

City & State
San Francisco, CA

Zip
94105

Country
USA

4. FEI Number
94-1126741

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BENKI, AL
 10000 NW 25 ST
 MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd.
City **Plantation** **FL** **Zip Code** **33324**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Naseem A. Conde* **NASEEM A. CONDE** **4.8.02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **SPECIAL ASST. SECRETARY** **DATE**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	NAPIER, GRAHAM	
STREET ADDRESS	706 MISSION ST	
CITY-ST-ZIP	SAN FRANCISCO CA 94103	
TITLE	DSVP	<input type="checkbox"/> Delete
NAME	RAYMOND, JAN H	
STREET ADDRESS	706 MISSION ST	
CITY-ST-ZIP	SAN FRANCISCO CA 94103	
TITLE	DVPT	<input checked="" type="checkbox"/> Delete
NAME	DUTT, RONALD	
STREET ADDRESS	706 MISSION ST	
CITY-ST-ZIP	SAN FRANCISCO CA 94103	
TITLE	DCP	<input checked="" type="checkbox"/> Delete
NAME	FRITZ, LYNN C.	
STREET ADDRESS	706 MISSION ST	
CITY-ST-ZIP	SAN FRANCISCO CA 94103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. Scott Davis	
STREET ADDRESS	55 Glenlake Pkwy NE	
CITY-ST-ZIP	Atlanta, GA 30328	
TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	55 Second Street	
CITY-ST-ZIP	San Francisco, CA 94105	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Danny Yang	
STREET ADDRESS	55 Second Street	
CITY-ST-ZIP	San Francisco, CA 94105	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael L. Eskew	
STREET ADDRESS	55 Glenlake Pkwy NE	
CITY-ST-ZIP	Atlanta, GA 30328	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph R. Moderow	
STREET ADDRESS	55 Glenlake Pkwy NE	
CITY-ST-ZIP	Atlanta, GA 30328	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jan H. Raymond* **SIGNATURE REQUIRED Jan H. Raymond/Secretary** **4/5/02** **415-538-0422**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)