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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600000 1540

1. Corporation Name
Culliban Operating Services, Inc.

## FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90021 050 \*\*\*150.00

Principal Place of Business	Mailing Address					
			DO NOT	WRITE IN THIS	SPACE	
			3. Date Incorporated or Qua	lifed		
Principal Place of Rusiness	2a. Mailing Address		4. FEI Number		ا ا ا	plied For
2. Principal Place of Business 19324 Commercial (ir. 26/0) ne Cullio		aan PKu)	N 36-405922°	7	_ <del>                                    </del>	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	3011100	7   5   5   5   5   5   5   5   5   5	<u>,                                     </u>	\$8.75	
·	27		5. Certifcate of Status Desire	ed L	Fee.Re	
City & State	City & State	ויד עמ	Election Campaign Finance     Trust Fund Contribution	cing	\$5.00 Added t	
rt. Pierce, FL Country	28 100 1-100 100	Country	8. This corporation owes the	current year Inta		01663
134951 25 115	/ h/\pi/\pi/	30	Personal Property Tax.	content year ma	Yes	□No
9. Name and Address of	Current Registered Agent	7.	10. Name and Address of N	ew Registered A	gent	
· - · <del></del>	<del></del>	81 Name	CT COCONSAL	SV.	TOX	10
		82 Street A	Address (P.O. Box Number is Not Acc	rentable)	<u> </u>	<u>r)</u>
•			South Pine	Island	d Ro	ℓ.
·		83				
	· . ( )	94 63.			es Zin (	Sodo: 1
		84 City $\mathcal {I}$	lantation	FL	185 4p 3	324
1. Pursuant to the provisions of Sections 6	607.0502 and 607.1508, Florida Statutes	s, the above-named of	corporation submits this statement for	the purpose of c	hanging its	registered
office or registered agent, or both, in the	e State of Florida. Such change was aut e obligations of, Section 607.0505, Florid	horized by the corpo	ration's board of directors, I hereby a	ccept the appoin	tment as reg	gistered
	e obligations of, Section our .0303, Floric	da Glaldies.	,			
-						
-	stered agent and title if applicable. (NOTE: R	Registered Agent signature re	equired when re-installing)	DATE		
IGNATURE Signature, typed or printed name of regis	stered agent and title if applicable. (NOTE: RES AND DIRECTORS	Registered Agent signature re	equired when reinstailing)  ADDITIONS/CHANGES TO		D DIRECTO	RS IN 12
SIGNATURE Signature, typed or printed name of regis  OFFICE	- ''				DIRECTO	
Signature, typed or printed name of regis  2. OFFICE  TLE D, VP, AS	ERS AND DIRECTORS	13.				
SIGNATURE  SIgnature, typed or printed name of regis  OFFICE  D, VP, AS  AME  SCOH B. Havi	ERS AND DIRECTORS -  DELETE  MI (+0)	13. 1.1 TITLE				
SIGNATURE SIgnature, typed or printed name of regis  OFFICE  TLE D, VP, AS  WAS  SCOH B. HAN  TREET ADDRESS SS SHUMAN	ers and directors  Delete  Milton  Blud	13. 1.1 TITLE 1.2 NAME				
SIGNATURE  Signature, typed or printed name of regis  2. OFFICE  TILE D, VP, AS  AME SCOHB Had  TREET ADDRESS SS SHUMAN  TY-ST-ZIP Naperville	ERS AND DIRECTORS -  DELETE  MI (+0)	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS				☐ Addition
SIGNATURE  SIgnature, typed or printed name of regis  OFFICE  TLE  D, VP, AS  AME  SCOHB. Har  TREET ADDRESS  SSHMMM  TY-ST-ZIP  D, P	ers and directors  Delete  Milton  Blud.  IL 40563	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			☐ Change	☐ Addition
SIGNATURE  Signature, typed or printed name of regis  12. OFFICE  TILE D, VP, AS  AME  SCOHB Had  TREET ADDRESS 55 SHUMAN  TIV-ST-ZIP Naperville  TILE D, P  AME Michael Sta	milton Blud. LUSC3 DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE			☐ Change	☐ Addition
SIGNATURE  2. Signature, typed or printed name of regis 2. OFFICE TILE D, VP, AS AME SCOTT B. Har TY-ST-ZIP NAPERVILLE D, P TILE D, P TI	ers and directors  Delete  Milton  Blud.  IL 40563	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME			☐ Change	☐ Addition
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SIGNATURE  Signature, typed or printed name of regis  2. OFFICE  TILE  D, VP, AS  SCOTT B. Har  TIREET ADDRESS  Naperville  D, P  Michael Sta  TIREET ADDRESS  TY-ST-ZIP  TLE  D, VP  TLE  LEVIN L. SE	ers and directors  Delete  milton  n Blvd. L L L L L L L L L L L L L L L L L L L	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE			☐ Change	Addition
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SIGNATURE  2. OFFICE TILE D, VP, AS AME SCOTT B. Har TIREET ADDRESS SS SHUMAN TILE D, P MICHAEL STA TILE TILE D, VP MICHAEL STA TILE TILE D, VP MICHAEL STA TILE TILE D, VP MANE TILE TILE TILE TILE TILE TILE TILE TIL	ERS AND DIRECTORS  DELETE  MILTON  N Blvd.  TL LOSG3  DELETE  VK  Hage PKWY  TX 77032  DELETE  DELETE  DELETE  DELETE  DELETE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADORESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS			☐ Change	Addition
SIGNATURE  Signature, typed or printed name of regis  IZ.  OFFICE  D, VP, AS  SCOHB. Har  STREET ADDRESS SS SHUMAN  ITV-ST-ZIP  TLE  D, P  Wichael Sta  ITV-ST-ZIP  TLE  D, VP  LEVIN L. SP  LEVIN L. SP	ers and directors    Delete	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP			☐ Change	Addition
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SIGNATURE  2. OFFICE  TILE  D, VP, AS  AME  ITREET ADDRESS  TY-ST-ZIP  TILE  D, VP  MICHAEL STAN  ITREET ADDRESS  ITY-ST-ZIP  TILE  ME  ME  IREET ADDRESS  TY-ST-ZIP  TILE  ME  IREET ADDRESS  TY-ST-ZIP  TILE  ME  ME  ME  ME  ME  ME  ME  ME  ME	ERS AND DIRECTORS  DELETE  MI (+ON  N Blyd  L LOS 63  DELETE  VK  + Age PKWY  TX 77032  DELETE  DELETE  Chisholm  AGE PKWY  X 77032  DELETE  THE CHISHOLM  DELETE  THE CHISHOLM  THE CHI	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  5.5 STREET ADDRESS  5.4 CITY-ST-ZIP			☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition
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