

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90111 013 ***150.00

DOCUMENT # F97000001396

1. Entity Name

PS GPT PROPERTIES, INC.

Principal Place of Business

Mailing Address

**701 WESTERN AVE., STE. 200
 GLENDALE CA 91201-2349**

**701 WESTERN AVE., STE. 200
 GLENDALE CA 91201-2349**

2. Principal Place of Business

3. Mailing Address

701 Western Avenue
 Suite, Apt. #, etc.

701 Western Avenue
 Suite, Apt. #, etc.

City & State

Glendale, CA

City & State

Glendale, CA

Zip
91201-2349

Country
USA

Zip
91201-2349

Country
USA

4. FEI Number **95-4612960**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HUGHES, B. WAYNE 701 WESTERN AVE., STE. 200 GLENDALE CA 91201-2349	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LENKIN, HARVEY 701 WESTERN AVE., STE. 200 GLENDALE CA 91201-2349	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO REYES, JOHN 701 WESTERN AVE., STE. 200 GLENDALE CA 91201-2349	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS GERICH, OBREN B 701 WESTERN AVE., STE. 200 GLENDALE CA 91201-2349	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOLDBERG, DAVID 701 WESTERN AVE., STE. 200 GLENDALE CA 91201-2349	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PHELPS, CARL B 701 WESTERN AVENUE GLENDALE CA 91201-2349	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO 701 Western Avenue Glendale, CA 91201-2349	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D 701 Western Avenue Glendale, CA 91201-2349	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV/AS/CFO/D 701 Western Avenue Glendale, CA 91201-2349	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV/AS 701 Western Avenue Glendale, CA 91201-2349	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S Hass, Sarah 701 Western Avenue Glendale, CA 91201-2349	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Moffitt, Michele 701 Western Avenue Glendale, CA 91201-2349	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

OBREN B. GERICH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 27 2000 (818) 244-8080

Date

Daytime Phone #

CR2E034 (9/99)