FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F97000002607

FILED May 16, 2002 8:00 am Secretary of State

1. Entity Na	ame .			05-16-2002 90	0004 049 ***150.00
GPS EM	PLOYEE SERVICES	, INC	``		
	,	,			
				5 h	6751
. D	O NOT WRITE	IN THIS S	SPACE	6 5 6 2 5 1	
				~	
	Place of Business	3. Mailing Addres		*	
900 CHERRY AVENUE Suite, Apt. #, etc.		40 FIRST PLAZA NW		」	
Suite, Ap	n, #, etc.	Suite, Apt. #, et BUSINESS		DO NOT WRITE IN TH	IS SPACE
City & State SAN BRUNO CA		City & State ALBUQUERQUE, NM		4. FEI Number Applied For	
Zip	Country	Zip	Country	94-3269988	Not Applicable
94066	USA	87102	USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
وجوز والرياب				7. Name and Address of Current Register	
		BITE	Name CORPOR	ATION SERVICE COMPA	NY
	DO NOT W	KIIE	Street Addres	ss (P.O. Box Number is Not Acceptable) AYS STREET	
	IN THIS SP	ACE	1201 11	AIS SINEEI	
			City		17:- 0-1-
. 2			TALLAH	ASSEE F	
8. The above	e named entity submits this statemen	nt for the purpose of ch	nanging its registered office or	registered agent, or both, in the State of Flo	orida.
SIGNATURE					
SIGNALORE	Signature, typed or printed name of regis	tered agent and title if app	plicable. (NOTE: Registered	Agent signature required when reinstating)	DATE
9. This corp	oration is eligible to satisfy its Intang		y 1 - May 1 Fee is \$150.00		
Tax filing	requirement and elects to do so.	Arte	r May 1, Fee is \$550.00 nended UBR is \$61,25	10. Election Campaign Financing	
	ria on back)	Make Check	Payable to Department of S	Trust Fund Contribution.	Added to Fees
11.	OFFICERS AND D	DIRECTORS			<u> </u>
TITLE NAME	CEO / DIRECTOR MILLARD S. DREX	יז בים	TITLE		
STREET ADDRESS	1 .		NAME STREET ADDRESS		1.1
CITY - ST - ZIP	SAN FRANCISCO,		CITY - ST - ZIP		
TITLE	CFO / DIRECTOR	<u> </u>	TITLE		
NAME	HEIDI KUNZ		NAME:		
STREET ADDRESS	2 FOLSOM STREET	1	STREET ADDRESS		
CITY - ST - ZIP		CA 94105	CITY - ST - ZIP		
TITLE	CAO / DIRECTOR			<u>and the standard of the stand</u>	
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	ANNE B GUST	, ·	NAME		
STREET ADDRESS	2 FOLSOM STREET		NAME STREET ADDRESS	DO NOT WR	TE
CITY - ST - ZIP	2 FOLSOM STREET SAN FRANCISCO,	CA 94105	NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WR	- 1
	2 FOLSOM STREET SAN FRANCISCO, VP - FINANCE	<u>CA 94105</u>	NAME STREET ADDRESS CITY - ST - ZIP TITLE	DO NOT WR IN THIS SPA	- 1
CITY - ST - ZIP	2 FOLSOM STREET SAN FRANCISCO, VP - FINANCE MICHAEL ZIENTEK	<u>CA 94105</u>	NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME		- 1
CITY - ST - ZIP TITLE NAME	2 FOLSOM STREET SAN FRANCISCO, VP - FINANCE	CA 94105 NW:	NAME STREET ADDRESS CITY - ST - ZIP TITLE		
CITY - ST - ZIP TITLE NAME STREET ADDRESS	2 FOLSOM STREET SAN FRANCISCO, VP - FINANCE MICHAEL ZIENTEK 40 FIRST PLAZA	CA 94105 NW:	NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS		- 1
CITY - ST - ZIP TITLE NAME STREET ADORESS CITY - ST - ZIP TITLE NAME	2 FOLSOM STREET SAN FRANCISCO, VP - FINANCE MICHAEL ZIENTEK 40 FIRST PLAZA	CA 94105 NW:	NAME STREET ADDRESS CITY ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZP		- 1
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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 on an attachment with an address, with all other like empowered.

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MICHAEL ZIENTEK

4/17/02 505-462-0033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #