

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90136 022 \*\*\*150.00

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DOCUMENT # F97000006606

1. Corporation Name

ESQUIRE DEPOSITION SERVICES, INC.

Principal Place of Business  
750 "B" STREET, SUITE 2350  
SAN DIEGO CA 92101

Mailing Address  
750 "B" STREET, SUITE 2350  
SAN DIEGO CA 92101

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1997

4. FEI Number

33-0781435

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	COBD	<input type="checkbox"/> DELETE
NAME	ELVEY, MALCOLM L	
STREET ADDRESS	750 "B" STREET, SUITE 2350	
CITY-ST-ZIP	SAN DIEGO CA 92101	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	SARNOFF, CARY A	
STREET ADDRESS	750 "B" STREET, SUITE 2350	
CITY-ST-ZIP	SAN DIEGO CA 92101	
TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	WHITE, DAVID A	
STREET ADDRESS	750 "B" STREET, SUITE 2350	
CITY-ST-ZIP	SAN DIEGO CA 92101	
TITLE	CFOS	<input type="checkbox"/> DELETE
NAME	HIGSON, DAVID A	
STREET ADDRESS	750 "B" STREET, SUITE 2350	
CITY-ST-ZIP	SAN DIEGO CA 92101	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MAZARES, GREG J	
STREET ADDRESS	750 "B" STREET, SUITE 2350	
CITY-ST-ZIP	SAN DIEGO CA 92101	
TITLE	VTAS	<input type="checkbox"/> DELETE
NAME	WOLKENSTEIN, STEVEN L	
STREET ADDRESS	750 "B" STREET, SUITE 2350	
CITY-ST-ZIP	SAN DIEGO CA 92101	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CFOSD
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/99

619-615-1714

CR2E034 (1/98)