

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra E. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P12454 (5)

**1. Corporation Name
AMTECH LIGHTING SERVICES COMPANY**

Principal Place of Business 90 FREMONT ST., 4TH FLOOR
SAN FRANCISCO CA 94105
Mailing Address 50 FREMONT ST., 4TH FLOOR
SAN FRANCISCO CA 94105

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/11/1986
3a. Date of Last Report 05/01/1994

| | | | |
|---------------------------------------|-------------------------------|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 95-1864029 | <input type="checkbox"/> Not Applicable |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 Country | 25 Country | 7. This corporation has liability for intangible tax under S. 100.022, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|---|--|
| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | 01 Name |
| | 02 Street Address (P.O. Box Number is Not Acceptable) |
| | 03 |
| | 04 City FL 05 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 re-registering **DATE** _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | CD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BENTON, JESS E. III | 1.2 NAME | |
| STREET ADDRESS | 50 FREMONT ST. 4TH FLOOR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAN FRANCISCO CA 94105 | 1.4 CITY-ST-ZIP | |
| TITLE | P | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DUFF, SAM | 2.2 NAME | |
| STREET ADDRESS | 9637 REMER STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | S. EL MONTE CA 91733 | 2.4 CITY-ST-ZIP | |
| TITLE | VO | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEELE, WILLIAM W. | 3.2 NAME | |
| STREET ADDRESS | 50 FREMONT ST. 4TH FLOOR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAN FRANCISCO CA 94105 | 3.4 CITY-ST-ZIP | |
| TITLE | VO | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROSENBERG, SYDNEY | 4.2 NAME | |
| STREET ADDRESS | 9831 W. PICO BLVD. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LOS ANGELES CA 90035 | 4.4 CITY-ST-ZIP | |
| TITLE | S | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAHN, HARRY H. | 5.2 NAME | |
| STREET ADDRESS | 50 FREMONT ST. 4TH FLOOR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAN FRANCISCO CA 94105 | 5.4 CITY-ST-ZIP | |
| TITLE | T | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOWLUS, DOUGLAS B. | 6.2 NAME | |
| STREET ADDRESS | 50 FREMONT ST. 4TH FLOOR | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAN FRANCISCO CA 94105 | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or 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.

SIGNATURE: *Douglas B. Bowlus* **Treasurer Douglas B. Bowlus 4-27-95 (415) 597-4500**