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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P12454

(5)

AMTECH LIGHTING SERVICES, INC.

AMILON EIGHTING OLIMOLO, INC.								ļ					
Principal Place	e of Business	Mailing Address											
50 FREMONT S SAN FRANCISC	ST., 4TH FLOO	50 FREMONT ST., 4TH FLOOR SAN FRANCISCO CA 94105-2230											
									<ol> <li>Date Incorporated or Qualified 12/11/1986</li> </ol>		ate of Last f <b>01/1996</b>	Report	
2. Principal Pi	lace of Busino	2a. Mailing Address						4. FEI Number		Λ	pplied For		
21		26						95-1864029			ot Applicable		
Sulte, Apt.	#, etc.	Suite, Apl. #, etc.					5. Certificate of Status Desired		,	Additional equired			
City & State	e	City & State					6. Election Campaign Financing		\$5.00	May Be			
23			28					Trust Fund Contribution			to Fees		
Zip	Country			Zip Country					8. This corporation has liability for i	ntangible	tax under s	s. 199.032,	
24		25	29	29 30					Florida Statutes X Yes No				
	9. Name e	and Address of Current	Register	ed Agent					10. Name and Address of New Re	gistered .	Agent		
CT C	CORPORATION	on system				81	Name						
1200 S. PINE ISLAND ROAD				82 Street			Street A	Addres	ss (P.O. Box Number is Not Acceptab	le)			
PLAI	ntation fl												
					83								
						84	City			FL	<b>85</b> Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida, Such change was auth agent. I am familiar with, and accept the obligations of, Section 607.0505, Florid							the corp	corpor	ration submits this statement for the p n's board of directors. I hereby accep	urpose o	Changing i	its registered registered	
SIGNATURE Signature, typed or printed name of registered eyent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE													
12.	0.0	OFFICERS AND			13				ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12	
TITLE	CD			DELETE	1.1	TITLE					Change	Addition	
NAME	BENTON,	Jess e. III	1.7			1.2 NAME							
STREET ADDRESS				1,33			1.3 STREET ADDRESS						
CITY-ST-ZIP	ST-ZIP SAN FRANCISCO CA 94105						1.4 CITY - ST - ZIP						
TITLE	P			☐ DLL€1E	2.1	UTLE					Change	Addition	
NAME		SE, RONALD			22	NAME	J					ì	
STREET ADDRESS	9637 REM				23	STREET	ADDRESS						
CITY-ST-ZIP	ST. EL MO	ONTE CA		- C-2		CITY S	81 - ZIP						
TITLE	VD			☐ DEFE1E	9	HTLE					Change	Addition	
NAME		MLLIAM W.				MAME							
STREET ADDRESS		ONT ST. 4TH FLOOR					ADDRESS						
CITY-ST-ZIP		NCISCO CA 94105		DELETE		CHY-S	51- ZIP				Change	Addition	
TITLE	VD DOCEMBE	מס פעמעובע		□ vrtt it		HILE					change	►1 vanilo:	
NAME BTDEST ADDRESS		RG, SYDNEY				NAME	ADDRESS						
STREET ADDRESS							4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					. \	
CITY-ST-ZIP TITLE	S	ELEO UN BUUSS		DECETE		uny-s MuE	II - ZIP				Change	Addition	
NAME	KAHN, HA	RRY H				NAME							
STREET ADDRESS		ONT ST. 4TH FLOOR					ADDRESS .						
CITY-ST-ZIP		NCISCO CA 94105				DITY-S	- 1						
TITLE	T	TAINAN ALI ALIAN		DELETE		HILE	1 4 11				Change	Addition	
NAME :	1 7	DOUGLAS B.				]MAV					J		
STREET ADDRESS		ONT ST. 4TH FLOOR					ADDRESS						
CITY-ST-ZIP		NCISCO CA 94105			6.41	CITY-S	1- <i>7</i> IP						

14. I do 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.

NONATURE ...

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/ wel 502 . 4500

FILED

May 14 1997 8:00am

Secretary of State