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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # AMTECH LIGHTING SERVICES, INC. (5)

FILED Apr 16 1998 8:00am Secretary of State



Principal Place of Business				M	Mailing Address								
50 FREMONT ST., 4TH FLOOR			50 FREMONT ST., 4TH FLOOR										
8	SAN FRANCISCO CA 94105			SAN FRANCISCO CA 94105						DO MOT HIDITE IN THIS SOLOE			
										DO NOT WRITE IN THIS	SPACE		
1										3. Date Incorporated or Qualified 12/11/1986			
	Principal Pl	ace of Busines		2=	, Mailing Address					4. FEI Number		Applied For	
21					26 160 Pacific Avenue Ste 222				222	AM 480 1000	—	Not Applicable	
۳	Suite, Apt. #, etc.			5 201	Suite, Apt. #, etc. 222			444	1		Additional		
22				27					5. Certificate of Status Desired		Required		
	City & State			1	City & State					6. Election Campaign Financing	\$5.0	0 May Be	
23				28	San Francisco, Ca				Trust Fund Contribution		to Fees		
	Zip Country 94111 25 USA		Zip Countr				/		8. This corporation owes or has paid the cu	rrent year l	ntangible		
24	94111	25	<u> </u>	29	94111	30 U	ISA			Total Troporty Tall and Carlo		□ No	
			nd Address of Current	Regis	· Fr. 15 · 15 · 15 · 15 · 15 · 15 · 15 · 15			1		10. Name and Address of New Registered Agent			
		CORPORATI			81 Nam			Name					
i	1200 § . Pine Island Road				82 Street Ad			Street	Addres	ss (P.O. Box Number is Not Acceptable)	•		
	PLANTATION FL 33324												
							83						
							84	City			85 Zip	Code	
L.,	D		70		07.4500 E. J. D			l		<u>FL</u>			
ייו	office or re	ogi s tered agen	it, or both, in the State of	Horid	da. Such chang e wa s i	authoriz	zed by	y the corp	corpor poration	oration submits this slatement for the purpose on's board of directors. I hereby accept the app	t changing pointment a	its registered is registered	
	agent. I ar	n fa miliar with,	and accept the obligation	ons of	f, Section 607. 0505, Fl	orida Si	tatutos	s.		, , , , , ,		J	
SI	GNATURE .	Olean Land			4107	II. Dan a				d when reinstating) DATE			
Signature types or printed name of registered agent a 12. OFFICERS AND L				Acres a report				ark signa.ure	required	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTO	DRS IN 12	
TIT		CD	0.1101.107.10		DELETE		TITLE		Γ	7.55.110,10,017.110.20 10 01110.2110.111	X Change		
NA	ME I	BENTON,	JESS E. III		<u> </u>	1.2	NAME						
1	STREET ADDRESS 50 FREMONT ST. 4TH FLOOR							ADDRESS	160	Pacific Avenue, Ste 222			
i i	Y-ST-ZIP	SAN FRAN	ICISCO CA 94105				I CITY-S		i	Francisco, Ca 94111			
TIT		P			DELETE		TITLE				Change	Addition	
NA	ME	GILCREAS	E, RONALD			22	NAME		}				
STE	EET ADDRESS	9637 REM	er st			23	STREET	ADDRESS	2390	0 East Orangewood Ave. St	te 100		
CIT	Y-ST-ZIP	ST. EL MO	INTE CA				4 CITY-S			heim, Ca 92806			
TIT		70			☐ DELETE		TITLE			THE PERSON NAMED IN COLUMN NAM	X Change	Addition	
NA	VIE		VILLIAM W.			3.2	NAME						
STE	EET ADDRESS		NT ST. 4TH FLOOR			3.3	STREET	ADDRESS	160	Pacific Avenue, Ste 222			
CIT	Y-S1-ZIP	SAN FRAN	ICISCO CA 94105			3.4	L CITY - S	ST-7IP	San	Francisco, Ca 94111			
TIT		VD			X DELETE	4.1	TITLE				Change	Addition	
NA.	ME		rg, sydney			4.2	2 NAME			•			
STI	REET ADDRESS	9831 W. P				4.3	STREET	ADDRESS					
CIT	Y-ST-ZIP	LOS ANGE	ELES CA 90035			4.4	CITY-S	T-ZIP					
TIT		8			☐ DELETE		TITLE				K Change	Addition	
NAI	ME	KAHN, HA	rry H.			5.2	NAME						
STF	EET ADDRESS	50 FREMO	NT ST. 4TH FLOOR			5.3	STREET	ADDRESS	160	Dagifia America Ct. 000			
	Y-ST-ZIP	SAN FRAN	ICISCO CA 94105				CITY-S		an F	Pacific Avenue, Ste 222 Francisco, Ca 94111			
TIT					DLLETE		TITLE				X Change	Addition	
NAJ	AE		DOUGLAS B.			6.2	NAME						
	EET ADDRESS		NT ST. 4TH FLOOR					ADDRESS	160	Pacific Avenue, Ste 222			
			CISCO CA 04105						Can	Examples Co 04111			

14. Thereby 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 cociover 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 altacomment with an address.