

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Moore
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P20266 (3)

1. Corporation Name

SCS FIELD SERVICES, INC.



Principal Place of Business

Mailing Address

4014 LONG BEACH BOULEVARD
SUITE #300
LONG BEACH CA 90807-2407

4014 LONG BEACH BOULEVARD
SUITE #300
LONG BEACH CA 90807-2407

2. Principal Place of Business

2a. Mailing Address

21

26

3711 Long Beach Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

#900
Long Beach, CA

City & State

City & State

23

28

90807
US

Zip

Country

Zip

Country

24

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/29/1988

3a. Date of Last Report

01/27/1995

4. FEI Number

33-0149140

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

GARDNER, ROBERT
3012 US HWY 301 N
SUITE 700
TAMPA FL 33619

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD
STEARNS, ROBERT P.

☐ DELETE

1.1 TITLE

☒ Change ☐ Addition

NAME

344 FOWLING

1.2 NAME

STREET ADDRESS

PLAYA DEL REY CA

1.3 STREET ADDRESS

CITY-STATE-ZIP

T

1.4 CITY-STATE-ZIP

TITLE

SCHUBERT, WILLIAM L.

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

29 SHOOTING STAR

2.2 NAME

STREET ADDRESS

IRVINE CA

2.3 STREET ADDRESS

CITY-STATE-ZIP

VD

2.4 CITY-STATE-ZIP

TITLE

PETOYAN, GALEN S.

☐ DELETE

3.1 TITLE

☒ Change ☐ Addition

NAME

19250 LOS ALAMOS STREET

3.2 NAME

STREET ADDRESS

NORTHBRIDGE CA

3.3 STREET ADDRESS

CITY-STATE-ZIP

D

3.4 CITY-STATE-ZIP

TITLE

CONRAD, E. TOM

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

2014 CHADDS FORD DR.

4.2 NAME

STREET ADDRESS

RESTON VA

4.3 STREET ADDRESS

CITY-STATE-ZIP

S

4.4 CITY-STATE-ZIP

TITLE

SCHLOTTFELDT, KAY A.

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

8844 GREENWOOD AVENUE

5.2 NAME

STREET ADDRESS

SAN GABRIEL CA

5.3 STREET ADDRESS

CITY-STATE-ZIP

5.4 CITY-STATE-ZIP

TITLE

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-STATE-ZIP

6.4 CITY-STATE-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 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

William L. Schubert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

Date

310-426-9544

Daytime Phone

CR2E034 (12/95)