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FILED

Feb 10 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P20266

(3)

1. Corporation Name

SCS FIELD SERVICES, INC.



Principal Place of Business

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

Mailing Address

3711 LONG BEACH BLVD.  
800  
LONG BEACH CA 90807-3325  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/29/1988

3a. Date of Last Report

01/31/1996

4. FEI Number

33-0149140

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

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

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 PD ☐ DELETENAME STEARNS, ROBERT P.  
STREET ADDRESS 344 FOWLING  
CITY-ST-ZIP PLAYA DEL REY CATITLE T ☐ DELETENAME SCHUBERT, WILLIAM L.  
STREET ADDRESS 29 SHOOTING STAR  
CITY-ST-ZIP IRVINE CATITLE VD ☐ DELETENAME PETOYAN, GALEN S.  
STREET ADDRESS 19250 LOS ALAMOS STREET  
CITY-ST-ZIP NORTHRIDGE CATITLE D ☐ DELETENAME CONRAD, E. TOM  
STREET ADDRESS 2014 CHADDS FORD DR.  
CITY-ST-ZIP RESTON VATITLE S ☐ DELETENAME SCHLOTFELDT, KAY A.  
STREET ADDRESS 8844 GREENWOOD AVENUE  
CITY-ST-ZIP SAN GABRIEL CATITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE: *William X Schubert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 7 1997

Date

Daytime Phone #

310-426-9544

CR2E034 (9/96)