

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 25, 1999 8:00 am  
Secretary of State

03-25-1999 90001 043 \*\*\*158.75

DOCUMENT # P20266

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.  
900  
LONG BEACH CA 90807  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1988

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 Fees

8. This corporation owes the current year intangible

Personal Property Tax.



Yes



No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

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	<input type="checkbox"/> DELETE
NAME	STEARNS, ROBERT P.	
STREET ADDRESS	344 FOWLING	
CITY-ST-ZIP	PLAYA DEL REY CA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHUBERT, WILLIAM L.	
STREET ADDRESS	29 SHOOTING STAR	
CITY-ST-ZIP	IRVINE CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PETOYAN, GALEN S.	
STREET ADDRESS	19250 LOS ALIMOS STREET	
CITY-ST-ZIP	NORTHRIDGE CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONRAD, E. TOM	
STREET ADDRESS	2014 CHADDS FORD DR.	
CITY-ST-ZIP	RESTON VA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHLOTFELDT, KAY A.	
STREET ADDRESS	8844 GREENWOOD AVENUE	
CITY-ST-ZIP	SAN GABRIEL CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

*William L. Schubert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99  
Date

562-426-9544  
Daytime Phone #

CR2E034 (11/98)