FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED
FILED

95 MAY -1 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P24748** **(6)**

1. Corporation Name
GW SERVICES, INC.

Principal Place of Business	Mailing Address
2261 COSMOS CT CARLSBAD CA 92009 US	2261 COSMOS CT CARLSBAD CA 92009 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1989	3a. Date of Last Report: 05/01/1994
4. FEI Number: 95-3829620	☐ 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 is subject to provisions of Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business — 21: Suite, Apt. # etc. — 22: City & State — 23: ZIP — 24: ZIP+4 — 25

2a. Mailing Address — 26: Suite, Apt. # etc. — 27: City & State — 28: ZIP — 29: ZIP+4 — 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 Section 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(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
91 TITLE	DC & CEO	101 TITLE	D ☐ Change ☑ Addition
92 NAME	WELCH, JERRY	102 NAME	Richard Kayne
93 STREET ADDRESS	1800 AVENUE OF THE STARS	103 STREET ADDRESS	1800 Avenue of the Stars
94 CITY, ST, ZIP	LOS ANGELES CA	104 CITY, ST, ZIP	Los Angeles CA
95 TITLE	CEOP	105 TITLE	COO ☑ Change ☐ Addition
96 NAME	BUSHONG, DUKE	106 NAME	Jerry Gordon
97 STREET ADDRESS	3219 ROYMAR ROAD	107 STREET ADDRESS	2261 Cosmos Ct
98 CITY, ST, ZIP	OCEANSIDE CA	108 CITY, ST, ZIP	Carlsbad CA 92009
99 TITLE	CFOT	109 TITLE	☐ Change ☐ Addition
100 NAME	FISHER, KATHLEEN M.	110 NAME	
101 STREET ADDRESS	3219 ROYMAR RD.	111 STREET ADDRESS	
102 CITY, ST, ZIP	OCEANSIDE CA	112 CITY, ST, ZIP	
103 TITLE	D	113 TITLE	☐ Change ☐ Addition
104 NAME	PETER, FOREMAN	114 NAME	
105 STREET ADDRESS	2 NORTH LA SALLE #500	115 STREET ADDRESS	
106 CITY, ST, ZIP	CHICAGO IL	116 CITY, ST, ZIP	
107 TITLE	D	117 TITLE	☐ Change ☐ Addition
108 NAME	CLARK, TIMOTHY G.	118 NAME	
109 STREET ADDRESS	1620 26TH ST., SUITE 200 N	119 STREET ADDRESS	
110 CITY, ST, ZIP	SANTA MONICA CA	120 CITY, ST, ZIP	
111 TITLE	D	121 TITLE	☐ Change ☐ Addition
112 NAME	SINNOTT, ROBERT V.	122 NAME	
113 STREET ADDRESS	1800 AVENUE OF THE STARS	123 STREET ADDRESS	
114 CITY, ST, ZIP	LOS ANGELES CA	124 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report is complete, accurate and current and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Telephone #

047P06 FF