FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **06/15/1989**

3a. Date of Last Report: **05/01/1995**

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

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 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 _____ DATE _____

Signature, typed or printed name of individual with authority to sign on behalf of the corporation (NOTE: Registered Agent's signature required if changed above)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	V.P. Controller	☐ Change ☒ Addition
NAME	RICHARD, KAYNE		1.2 NAME	Brenda K. Foster	
STREET ADDRESS	1800 AVENUE OF THE STARS		1.3 STREET ADDRESS	2261 Cosmos Ct.	
CITY-ST-ZIP	LOS ANGELES CA		1.4 CITY-ST-ZIP	Carlsbad, CA 92009	
TITLE	COO	☐ DELETE	2.1 TITLE	V.P., Information Sys.	☐ Change ☒ Addition
NAME	JERRY, GORDON		2.2 NAME	Brian Nakagawa	
STREET ADDRESS	2261 COSMOS CT.		2.3 STREET ADDRESS	2261 Cosmos Ct.	
CITY-ST-ZIP	CARLSBAD CA		2.4 CITY-ST-ZIP	Carlsbad, CA 92009	
TITLE	CFOT	☒ DELETE	3.1 TITLE	V.P., Service & Support	☐ Change ☒ Addition
NAME	FISHER, KATHLEEN M.		3.2 NAME	John T. Vuagniaux	
STREET ADDRESS	3219 ROYMAR RD.		3.3 STREET ADDRESS	2261 Cosmos Ct.	
CITY-ST-ZIP	OCEANSIDE CA		3.4 CITY-ST-ZIP	Carlsbad, CA 92009	
TITLE	D	☐ DELETE	4.1 TITLE	Senior Vice President	☐ Change ☒ Addition
NAME	PETER, FOREMAN		4.2 NAME	Dane Seibert	
STREET ADDRESS	2 NORTH LA SALLE #500		4.3 STREET ADDRESS	2261 Cosmos Ct.	
CITY-ST-ZIP	CHICAGO IL		4.4 CITY-ST-ZIP	Carlsbad, CA 92009	
TITLE	D	☐ DELETE	5.1 TITLE	V.P. Human Resources	☐ Change ☒ Addition
NAME	CLARK, TIMOTHY G.		5.2 NAME	Luz E. Gonzales	
STREET ADDRESS	1620 26TH ST., SUITE 200 N		5.3 STREET ADDRESS	2261 Cosmos Ct.	
CITY-ST-ZIP	SANTA MONICA CA		5.4 CITY-ST-ZIP	Carlsbad, CA 92009	
TITLE	D	☐ DELETE	6.1 TITLE	Director, CEO	☐ Change ☒ Addition
NAME	SINNOTT, ROBERT V.		6.2 NAME	Jerry R. Welch	
STREET ADDRESS	1800 AVENUE OF THE STARS		6.3 STREET ADDRESS	1800 Avenue of the Stars	
CITY-ST-ZIP	LOS ANGELES CA		6.4 CITY-ST-ZIP	Los Angeles, CA 90067	

CR2E034 (12/95)

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)(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: Brenda K. Foster 4/29/96 (619) 930-2420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Brenda K. Foster