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FILED

Jan 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
2261 COSMOS CT  
CARLSBAD CA 92009  
US

Mailing Address  
2261 COSMOS CT  
CARLSBAD CA 92009-1517  
US



2. Principal Place of Business

21 Suite Apt. # etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/15/1989

3a. Date of Last Report

05/01/1996

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

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	D	DELETE
NAME	RICHARD, KAYNE	
STREET ADDRESS	1800 AVENUE OF THE STARS	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	COO	DELETE
NAME	JERRY, GORDON	
STREET ADDRESS	2261 COSMOS CT.	
CITY-ST-ZIP	CARLSBAD CA	
TITLE	VP	DELETE
NAME	FOSTER, BRENDA K.	
STREET ADDRESS	2261 COSMOS CT	
CITY-ST-ZIP	CARLSBAD CA	
TITLE	D	DELETE
NAME	PETER, FOREMAN	
STREET ADDRESS	2 NORTH LA SALLE #500	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	DELETE
NAME	CLARK, TIMOTHY G.	
STREET ADDRESS	1620 28TH ST., SUITE 200 N	
CITY-ST-ZIP	SANTA MONICA CA	
TITLE	D	DELETE
NAME	SINNOTT, ROBERT V.	
STREET ADDRESS	1800 AVENUE OF THE STARS	
CITY-ST-ZIP	LOS ANGELES CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	LOS ANGELES, CA 90067
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	CARLSBAD, CA 92009
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	CARLSBAD, CA 92009
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	225 W. WASHINGTON STREET
4.4 CITY-ST-ZIP	CHICAGO, IL 60606
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	523 W. SIXTH ST. - #520
5.4 CITY-ST-ZIP	LOS ANGELES, CA 90014
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	LOS ANGELES, CA 90067

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-97

(619) 930-2420

Daytime Phone #

CR2E034 (9/96)