1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P24748

GW SERVICES, INC.

Principal Place of Business

Mailing Address

FILED Jun 16, 1999 8:00 am Secretary of State

06-16-1999 90021 007 ***150.00 06-16-1999 90021 008 ***400.00

] (48/48) (17/49) (48/48) (48/49) (48/49) (48/49) (48/49) (48/49) (48/49)

226T COSMOS CI CARLSBAD CA 92009 US		CARLSBAD CA 92009 US			İ	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
						06/15/1989			[
Principal Place of Business 2a. Mailing Address						4. FEI Number		A	oplied For	
21	- -	26				95- 3829620		. No	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		+ -	Additional equired	
City & State City & State						6. Election Campaign Financing		\$5.00	Мау Ве	
23						Trust Fund Contribution		,	to Fees	
Zip	Country	Zip	Countr	,		This corporation owes the current year Intangible				
24	25 29 30					Personal Property Tax.				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
					81 Name					
C T CORPORATION SYSTEM, INC.			82	Str	treet Address (P.O. Box Number is Not Acceptable)					
1200 SOUTH PINE ISLAND ROAD			"	"	eet Addres	as (i.e. box itamber is ital recopie	1010)			
PLAN	ITATION FL 33324		83					-	1	
			84	Cit	у		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 Storida, Noed or orbited name of registered agent and title of applicable (NOTE: Registered Agent signature required when reinstating) DATE										
	Signature, typed or printed name of registered agent a			nt signa	ture required v		DATE FIGURE AND	DID COTO	000 IN 12	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	D	☐ DELETE	1.1 TITLE					☐ Change	☐ Addition	
NAME	RICHARD, KAYNE		1.2 NAME						į	
STREET ADDRESS	1800 AVENUE OF THE STARS		1.3 STREE		RESS					
CITY-ST-ZIP	LOS ANGELES CA		1.4 CITY-5	T-ZIP					CT Addition	
TITLE	C00	☐ DELETE	2.1 TITLE					☐ Change	☐ Addition	
NAME	JERRY, GORDON		2.2 NAME						ì	
STREET ADDRESS	2261 COSMOS CT.		2.3 STREE	TADDF	RESS					
CITY-ST-ZIP	CARLSBAD CA		2. 4 CITY-	ST-ZIP						
TITLE	VP	→ DELETE	3.1 TITLE		CF	o, secretary		Change	Addition	
NAME	FOSTER, BRENDA K.	`	3.2 NAME			David Watters			ł	
STREET ADDRESS	2261 COSMOS CT		3.3 STREE	TADDF		ud cosmos court				
CITY-ST-ZIP	CARLSBAD CA		3.4. CITY-	ST-ZIP	Ca	risbad (1 920	<u> </u>			
TITLE	D	DELETE	4.1 TITLE			KCFOK		Change	_ S coddition	
NAME	PETER, FOREMAN	/	4. 2 NAME		Do	ug Boyd				
STREET ADDRESS	225 W WASHINGTON STREET		4.3 STREE	TADDF	ESS 66	24 Meirose Ave os Angeles CA 9	2020		j	
CITY-ST-ZIP	CHICAGO IL		4.4 CITY-5	T-ZIP	Lo	s Angeles CA 9	wsg			
TITLE	D	∑ DELETE	5.1 TITLE		$ D_{ij}$	ector, CEO		Change	Addition	
NAME	CLARK, TIMOTHY G.	/	5.2 NAME		غد	rry welch	Stan	ی		
STREET ADDRESS	523 W SIXTH ST #520		53 STREE			o Avenue or the			ļ	
CITY-ST-ZIP	LOS ANGELES CA		5.4 CITY-5	T-ZIP	لد	s Angeles ca	9000			
TITLE	D	☐ DELETE	6.1 TITLE			-		☐ Change	☐ Addition	
NAME	SINNOTT, ROBERT V.		6.2 NAME						[
STREET ADDRESS	1800 AVENUE OF THE STARS		6.3 STREE	T ADDF	RESS				Ì	

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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 18 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

LOS ANGELES CA

760.930-2420