


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90018 001 ***150.00

| | |
|--|---|
| DOCUMENT # P24748 |  |
| 1. Entity Name GW SERVICES, INC. | |

| | |
|--|--|
| Principal Place of Business 1385 PARK CENTER DR VISTA CA 92081-8338 US | Mailing Address 1385 PARK CENTER DR VISTA CA 92081-8338 US |
|--|--|



| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

1st MOORE CR2E034 (10/06)

| | | |
|---|--|--|
| 4. FEI Number 95-3829620 | | Applied For |
| | | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent |
| C T CORPORATION SYSTEM, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | Name |
| | | Street Address (P.O. Box Number is Not Acceptable) |
| | | |
| | | City FL Zip Code |

SEE SCHEDULE ATTACHED

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--------------------------------------|---|---|
| TITLE | PCEO <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCINERNEY, BRIAN | NAME | |
| STREET ADDRESS | 1385 PARK CENTER DR | STREET ADDRESS | |
| CITY ST ZIP | VISTA CA 92081-8338 | CITY ST ZIP | |
| TITLE | SV <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALTERS, DAVID W | NAME | |
| STREET ADDRESS | 1385 PARK CENTER DR | STREET ADDRESS | |
| CITY ST ZIP | VISAT CA 92081-8338 | CITY ST ZIP | |
| TITLE | SV <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MURPHY, STEVEN | NAME | |
| STREET ADDRESS | 1385 PARK CENTER DR | STREET ADDRESS | |
| CITY ST ZIP | VISTA CA 92081-8338 | CITY ST ZIP | |
| TITLE | VIT <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NAKAGAWA, BRIAN | NAME | |
| STREET ADDRESS | 1385 PARK CENTER DR | STREET ADDRESS | |
| CITY ST ZIP | VISTA CA 92081-8338 | CITY ST ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAYNE, RICHARD A | NAME | |
| STREET ADDRESS | 1800 AVENUE OF THE STARS #200 | STREET ADDRESS | |
| CITY ST ZIP | LOS ANGELES CA 90067 | CITY ST ZIP | |
| TITLE | COB <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NORRIS, CHARLES | NAME | |
| STREET ADDRESS | 481 DENSLOW AVENUE | STREET ADDRESS | |
| CITY ST ZIP | LOS ANGELES CA 90049 | CITY ST ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

W. D. Walters

FEB 13 2007

(760) 560-1111

ATTACHMENT



600 17850
P24748

GW SERVICES, INC. ROSTER OF OFFICERS (With dates of taking office)

CORPORATE OFFICERS

Brian McInerney (05/18/01)
President, Chief Executive Officer
1385 Park Center Driver
Vista, CA 92083-8435
(760) 560-1111

Steven L. Murphy (10/18/00)
Senior Vice President, Chief Operating Officer
1385 Park Center Driver
Vista, CA 92083-8435
(760) 560-1111

W. David Walters (01/18/99)
Senior Vice President, Chief Financial Officer, Secretary
1385 Park Center Driver
Vista, CA 92083-8435
(760) 560-1111

Ken Sumner (02/08/01)
Vice President, Sales
1385 Park Center Driver
Vista, CA 92083-8435
(760) 560-1111

Brian Nakagawa (02/06/96)
Vice President, Technology & Information Services
1385 Park Center Driver
Vista, CA 92083-8435
(760) 560-1111

Luz E. Gonzales (02/01/95)
Vice President, Human Resources
1385 Park Center Driver
Vista, CA 92083-8435
Tel: (760) 560-1111

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