

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90009 021 ***450.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P30707

1. Corporation Name
EXPO-TECH ELECTRICAL & PLUMBING SERVICES, INC.



Principal Place of Business 950 GRIER DRIVE LAS VEGAS NV 89119	Mailing Address P.O. BOX 98790 LAS VEGAS NV 89193-8790
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/24/1990	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 95-3345558		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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	85 Zip Code
				FL	

11. Pursuant to the provisions of Sections 607.0501 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: *Kathy Harris* **Assistant Secretary** DATE: **4/12/99**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Chairman of The Board	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOGT, THOMAS W		1.2 NAME	Robert H. Bohannon	
STREET ADDRESS	950 GRIER DR		1.3 STREET ADDRESS	Viad Corp Center	
CITY-ST-ZIP	LAS VEGAS NV 89119		1.4 CITY-ST-ZIP	Phoenix AZ 85077	
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Executive Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENFORD, GERALD J		2.2 NAME	Bruce H. Baum	
STREET ADDRESS	950 GRIER DR		2.3 STREET ADDRESS	950 Grier Drive	
CITY-ST-ZIP	LAS VEGAS NV		2.4 CITY-ST-ZIP	Las Vegas NV 89119	
TITLE	VT	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, RONALD G		3.2 NAME		
STREET ADDRESS	VIAID CORPORATE CENTER		3.3 STREET ADDRESS		
CITY-ST-ZIP	PHOENIX AZ		3.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLEN, PAUL B		4.2 NAME		
STREET ADDRESS	950 GRIER DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAS VEGAS NV		4.4 CITY-ST-ZIP		
TITLE	EVP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Executive Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMON, JACK R		5.2 NAME	Michael J. Brown	
STREET ADDRESS	900 GRIER DR		5.3 STREET ADDRESS	950 Grier Drive	
CITY-ST-ZIP	LAS VEGAS NV		5.4 CITY-ST-ZIP	Las Vegas NV 89119	
TITLE	AS	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, LEROY H		6.2 NAME		
STREET ADDRESS	950 GRIER DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAS VEGAS NV		6.4 CITY-ST-ZIP		

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 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, with all other like empowered.

SIGNATURE: *Leroy H. Bishop* **Leroy H. Bishop** DATE: **4/12/99** (702) 263-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)