2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P37598 DOCUMENT

1. Entity Name
OPERATOR SERVICE COMPANY



FILED Feb 18, 2003 8:00 am Secretary of State

02-18-2003 90091 003 ***150.00

	011 02,11	IOL GOIM AINT													
Principal Place of Business 5302 AVE Q LUBBOCK TX 79412 US			2049 Suite	Mailing Address 2049 CENTURY PARK EAST SUITE 2700 LOS ANGELES CA 90067 US				ļ							
2. Principal Place of Business			3. Mail	3. Mailing Address				ŀ			!		0/0/1 2/6/1		
Suite, Ap		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES								
City & State			City & State				4. FEI Number 75-2180408				Applied For				
Zip	Zip Country				Coun	try	5. Certifi	cate of Statu	s Desired			8.75 Ad se Requir	ditional	1	
	6. Name	and Address of Current	Registere	d Agent	-			7. Name	and Addres	s of New	Register				\dashv
0 - 00-						Name		<u> </u>				<u> </u>			7
C T CORPORATION SYSTEM						Street Addre	000 /D	O. Boy N.		A 1 - b	1-1				4
1200 SOUTH PINE ISLAND RD.						Street Addit	ess (r.	.C. BOX NO	imber is Not	Ассертав	le)				
PLANTAT	FION FL 3332	24				,			-		-				1
						City									4
				<u> </u>		*						=L	Zip Co		1
 The above the obliga 	e named entity ations of registe	submits this statement for	or the purpo	ose of changing its r	egistere	d office or reg	jistered	d agent, o	r both, in the	State of F	lorida. L	am fan	niliar with	, and accept	٦
		or agont.													
SIGNATURE	D/														
	Signature, typed o	or printed name of registered agent	and title if appli	cable. (NOTE:	Registered	Agent signature re-	quired w	hen reinstating	9)		DA	TE .			
		! FEE IS \$150.00	1										4-		7
Make Chec	er May 1, 200 k Payable to	3 Fee will be \$550.00 Florida Department o	f State					9.	Election Ca Trust Fund				\$5.0 Adde	00 May Be d to Fees	
10.	I BBEAT	OFFICERS AND	DIRECTOR	RS .	11.		-	ADDITIO	NS/CHANG	ES TO OF	FICERS A	ND DI	IRECTOR	S IN 11	\dashv
TITLE	PRES GORES, THOMAS T s 2049 CENTURY PARK EAST, SUIT		. Delete		TITLE				<u> </u>		,		Change	Addition	3
NAME CERET ADORSES			ITE 2700	E 2700											F034 (10/02
STREET ADDRESS CITY-ST-ZIP	LOS ANGELES CA 90067					T ADDRESS	is .					•			34
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NAME	FOLTZ, WI	HAM M		☐ Delete	TITLE							<u></u>] Change	Addition	l ä
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NAME	KALAWSKI,				NAME								Juliange	Addition	
STREET ADDRESS	2049 CENT	URY PARK EAST, SUI	TE 2700		STREE	T ADDRESS									
CITY-ST-ZIP	1	LES CA 90067			CITY-	ST-ZIP									
TITLE	TREA	DARFRY I		☐ Delete	TITLE					_] Change	Addition	1
NAME	JOUBRAN,		TE 0700		NAME								3		1
STREET ADDRESS	LOS ANGEI	ury Park East, sui Les ca 90067	IE 2/00			ADDRESS									
CITY-ST-ZIP	l	LLO UM 9000/		<u>-</u>	CITY-S	ST-ZIP									}
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NAME STREET ADDRESS			TE 2700		NAME										ĺ
STREET ADDRESS 2049 CENTURY PARK EAST, SUITE 2 CITY-ST-ZIP LOS ANGELES CA 90067			IE 2/00			ADDRESS		-							
		0,, 00001			CITY-S	1-715									1

12. 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 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 attaghnest with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

JOHNSTON, DOUGLAS

LOS ANGELES CA 90067

2049 CENTURY PARK EAST #2700

TITLE

NAME,

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

2-15-03

310-712-1850

☐ Change

☐ Addition

Daytime Phone #