

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000005694

Entity Name: PS FLORIDA ONE WEST STATE, INC.**Current Principal Place of Business:**701 WESTERN AVE
GLENDALE, CA 91201-2349**Current Mailing Address:**701 WESTERN AVE
GLENDALE, CA 91201-2349 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title SECRETARY
Name VITAN, NATHAN
Address 701 WESTERN AVE
City-State-Zip: GLENDALE CA 91201-2349

Title VP
Name PAGANETTI, BRYAN
Address 701 WESTERN AVE
City-State-Zip: GLENDALE CA 91201-2349

Title PRESIDENT, DIRECTOR
Name ANDREWS, TODD
Address 701 WESTERN AVE
City-State-Zip: GLENDALE CA 91201-2349

Title VP
Name LINDER, SHARON
Address 701 WESTERN AVE
City-State-Zip: GLENDALE CA 91201-2349

Title VP, TREASURER, DIRECTOR
Name ADAMS, DREW
Address 701 WESTERN AVE
City-State-Zip: GLENDALE CA 91201-2349

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DREW ADAMS**TREASURER****01/03/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date