

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002701

Entity Name: NWP SERVICES CORPORATION**Current Principal Place of Business:**535 ANTON BLVD
1100
COSTA MESA, CA 92626**Current Mailing Address:**535 ANTON BLVD
1100
COSTA MESA, CA 92626**FEI Number:** 33-0782615**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	CEO
Name	RADICE, MIKE
Address	535 ANTON BLVD, SUITE NO. 1100
City-State-Zip:	COSTA MESA CA 92626

Title	GC
Name	REEVE, LANA
Address	535 ANTON BLVD, SUITE NO. 1100
City-State-Zip:	COSTA MESA CA 92626

Title	CAO
Name	KHAMIS, JOHN
Address	535 ANTON BLVD, SUITE NO. 1100
City-State-Zip:	COSTA MESA CA 92626

Title	SVP
Name	CHARLES, JIM
Address	535 ANTON BLVD, SUITE NO. 1100
City-State-Zip:	COSTA MESA CA 92626

Title	CSO
Name	HOFFMAN, JOHN
Address	535 ANTON BLVD, SUITE NO. 1100
City-State-Zip:	COSTA MESA CA 92626

Title	VPO
Name	CHASE, VAUGHN
Address	535 ANTON BLVD, SUITE NO. 1100
City-State-Zip:	COSTA MESA CA 92626

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: MIKE RADICE

CEO

04/30/2013

Electronic Signature of Signing Officer/Director Detail_____
Date