

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Feb 14, 2003 8:00 am
Secretary of State

1/1

01-17-2003 90071 037 ***150.00

DOCUMENT # F02000005744

1. Entity Name
LEAR SIEGLER SERVICES, INC.



Principal Place of Business
**900 CLOOPER RD STE. 200
GAITHERSBURG MD 20878**

Mailing Address
**100 CALIFORNIA ST. STE. 500
SAN FRANCISCO CA 94111**



2. Principal Place of Business
200 ORCHARD RIDGE RD.

3. Mailing Address

Suite, Apt. #, etc.
SUITE 101

City & State
GAITHERSBURG, MD

City & State

Zip
20878

Country

4. FEI Number **27-0031024**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AINSWORTH, KENT P 100 CALIFORNIA STREET STE. 500 SAN FRANCISCO CA 94111 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASTERS, JOSEPH 100 CALIFORNIA STREET STE. 500 SAN FRANCISCO CA 94111 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, DAVID C 100 CALIFORNIA STREET STE. 500 SAN FRANCISCO CA 94111 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MELTON, GEORGE R 900 CLOOPER RD STE. 200 GAITHERSBURG MD 20878 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP AINSWORTH, KENT P 100 CALIFORNIA STREET STE. 500 SAN FRANCISCO CA 94111 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MASTERS, JOSEPH 100 CALIFORNIA STREET STE. 500 SAN FRANCISCO CA 94111 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NELSON, DAVID C 100 CALIFORNIA ST, STE 500 SAN FRANCISCO, CA 94111 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MELTON, GEORGE R. 200 ORCHARD RIDGE DR, SUITE 101 GAITHERSBURG, MD 20878 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: *Kristin L. Jones* **SIGNATURE REQUIRED** *Asst. Secretary*

Date **1-6-03** Daytime Phone # **415-774-2700**

CR2E034 (10/02)

Attachment

90004264

LEAR SIEGLER SERVICES, INC.

Document Number F02000005744

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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	V/CF0/AT/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	NEEB, WILLIAM
STREET ADDRESS		STREET ADDRESS	200 Orchard Ridge Road, Suite 101
CITY-ST-ZIP		CITY-ST-ZIP	Gaithersburg, MD 20878
TITLE	<input type="checkbox"/> Delete	TITLE	V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	YOUNG, STUART I.
STREET ADDRESS		STREET ADDRESS	200 Orchard Ridge Road, Suite 101
CITY-ST-ZIP		CITY-ST-ZIP	Gaithersburg, MD 20878
TITLE	<input type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	RUDISIN, ROBERT
STREET ADDRESS		STREET ADDRESS	200 Orchard Ridge Road, Suite 101
CITY-ST-ZIP		CITY-ST-ZIP	Gaithersburg, MD 20878
TITLE	<input type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	WALLACE, DAVID
STREET ADDRESS		STREET ADDRESS	200 Orchard Ridge Road, Suite 101
CITY-ST-ZIP		CITY-ST-ZIP	Gaithersburg, MD 20878
TITLE	<input type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	DONNELLY, MICHAEL
STREET ADDRESS		STREET ADDRESS	200 Orchard Ridge Road, Suite 101
CITY-ST-ZIP		CITY-ST-ZIP	Gaithersburg, MD 20878
TITLE	<input type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	WOTRING, RANDALL A.
STREET ADDRESS		STREET ADDRESS	200 Orchard Ridge Road, Suite 101
CITY-ST-ZIP		CITY-ST-ZIP	Gaithersburg, MD 20878
TITLE	<input type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	VISTED, FRANK
STREET ADDRESS		STREET ADDRESS	200 Orchard Ridge Road, Suite 101
CITY-ST-ZIP		CITY-ST-ZIP	Gaithersburg, MD 20878
TITLE	<input type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	ALLEN, LEX
STREET ADDRESS		STREET ADDRESS	200 Orchard Ridge Road, Suite 101
CITY-ST-ZIP		CITY-ST-ZIP	Gaithersburg, MD 20878
TITLE	<input type="checkbox"/> Delete	TITLE	Controller <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	KENNEDY, JOHN
STREET ADDRESS		STREET ADDRESS	200 Orchard Ridge Road, Suite 101
CITY-ST-ZIP		CITY-ST-ZIP	Gaithersburg, MD 20878

Attachment

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Document Number **F02000005744**

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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROBINSON, GREG 200 Orchard Ridge Road, Suite 101 Gaithersburg, MD 20878
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WILLIAMSON, RICHARD P. 200 Orchard Ridge Road, Suite 101 Gaithersburg, MD 20878
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BRUMMERSTEDT, CAROL 100 California Street, Suite 500 San Francisco, CA 94111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JONES, KRISTIN L. 100 California Street, Suite 500 San Francisco, CA 94111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition