

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90026 031 \*\*\*158.75

**DOCUMENT # F02000005744**

1. Entity Name  
**LEAR SIEGLER SERVICES, INC.**



Principal Place of Business  
**200 ORCHARD RIDGE RD.  
 SUITE 101  
 GAITHERSBURG, MD 20878**

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

**54012970**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01152004 Chg-P CR2E034 (10/03)

4. FEI Number  
**27-0031024**

Applied For  
 Not Applicable

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

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, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Delete
NAME	AINSWORTH, KENT P	
STREET ADDRESS	100 CALIFORNIA STREET STE. 500	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASTERS, JOSEPH	
STREET ADDRESS	100 CALIFORNIA STREET STE. 500	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	
TITLE	DT	<input type="checkbox"/> Delete
NAME	NELSON, DAVID C	
STREET ADDRESS	100 CALIFORNIA STREET STE. 500	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	MELTON, GEORGE R	
STREET ADDRESS	200 ORCHARD RIDGE DR, SUITE 101	
CITY-ST-ZIP	GAITHERSBURG, MD 20878	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	AINSWORTH, KENT P	
STREET ADDRESS	100 CALIFORNIA STREET STE. 500	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MASTERS, JOSEPH	
STREET ADDRESS	100 CALIFORNIA STREET STE. 500	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600 Montgomery Street, 25th Floor	
STREET ADDRESS	San Francisco, CA 94111	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	San Francisco, CA 94111	
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600 Montgomery Street, 25th Floor	
STREET ADDRESS	San Francisco, CA 94111	
CITY-ST-ZIP		

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 Kristin L. Jones, Asst. Secretary Date: 2/13/04 Daytime Phone #: 415-774-2700

Attachment

LEAR SIEGLER SERVICES, INC.  
Document Number F02000005744

54012970

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	ROBINSON, GREG
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	WILLIAMSON, RICHARD P.
STREET ADDRESS		STREET ADDRESS	900 Clopper Road, Suite 200
CITY-ST-ZIP		CITY-ST-ZIP	Gaithersburg, MD 20878
TITLE	<input type="checkbox"/> Delete	TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	BRUMMERSTEDT, CAROL
STREET ADDRESS		STREET ADDRESS	600 Montgomery Street, 25th floor
CITY-ST-ZIP		CITY-ST-ZIP	San Francisco, CA 94111
TITLE	<input type="checkbox"/> Delete	TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	JONES, KRISTIN L.
STREET ADDRESS		STREET ADDRESS	600 Montgomery Street, 25th floor
CITY-ST-ZIP		CITY-ST-ZIP	San Francisco, CA 94111

attachment

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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	V/CFO/AT/AS NEEB, WILLIAM 200 Orchard Ridge Road, Suite 100 Gaithersburg, MD 20878 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S YOUNG, STUART I. 200 Orchard Ridge Road, Suite 100 Gaithersburg, MD 20878 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUDISIN, ROBERT 900 Clopper Road, Suite 200 Gaithersburg, MD 20878 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALLACE, DAVID 900 Clopper Road, Suite 200 Gaithersburg, MD 20878 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DONNELLY, MICHAEL 900 Clopper Road, Suite 200 Gaithersburg, MD 20878 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOTRING, RANDALL A. 900 Clopper Road, Suite 200 Gaithersburg, MD 20878 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VISTED, FRANK 900 Clopper Road, Suite 200 Gaithersburg, MD 20878 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLEN, LEX 900 Clopper Road, Suite 200 Gaithersburg, MD 20878 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Controller KENNEDY, JOHN 900 Clopper Road, Suite 200 Gaithersburg, MD 20878 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition