


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90030 005 ***150.00

DOCUMENT # F02000005744

1. Entity Name
LEAR SIEGLER SERVICES, INC.



Principal Place of Business
**200 ORCHARD RIDGE DRIVE
 SUITE 100
 GAITHERSBURG, MD 20878**

Mailing Address
**600 MONTGOMERY ST
 25TH FL
 SAN FRANCISCO, CA 94111**

40016372

2. Principal Place of Business - No P.O. Box #
900 Clopper Road

3. Mailing Address
 Suite, Apt. #, etc.
Suite 200



01092008 Chg-P CR2E034 (12/06)

City & State
Gaithersburg, MD

City & State
San Francisco, CA

4. FEI Number
27-0031024

Applied For
 Not Applicable

Zip
20878

Country
USA

Zip
20878

Country
USA

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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	DV HICKS, THOMAS H 600 MONTGOMERY STREET, 25TH FLOOR SAN FRANCISCO, CA 94111 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIMHALL, REED N 600 MONTGOMERY STREET, 25TH FLOOR SAN FRANCISCO, CA 94111 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOTRING, RANDALL 200 ORCHARD RIDGE DR., SUITE 100 GAITHERSBURG, MD 20878 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JONES, KRISTIN L 600 MONTGOMERY ST 25TH FL SAN FRANCISCO, CA 94111 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBINSON, GREG 900 CLOPPER RD SUITE 200 GAITHERSBURG, MD 20878 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO NEEB, WILLIAM 200 ORCHARD RIDGE DR., SUITE 100 GAITHERSBURG, MD 20878 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HICKS, H. THOMAS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PKEO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S
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 exemptions contained in Chapter 119, 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 address, with all other like empowered.

SIGNATURE:  Kristin L. Jones, Asst. Secretary 1/29/08 415-774-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CONTINUED on ATTACHMENT

LEAR SIEGLER SERVICES, INC.
 Document Number F0200005744

ATTACHMENT
 40016372
 # F0200005744

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V/S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, STUART I.	NAME	
STREET ADDRESS	200 Orchard Ridge Drive, Suite 100	STREET ADDRESS	
CITY-ST-ZIP	Gaithersburg, MD 20878	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDISIN, ROBERT	NAME	
STREET ADDRESS	900 Clopper Road, Suite 200	STREET ADDRESS	
CITY-ST-ZIP	Gaithersburg, MD 20878	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, DAVID	NAME	
STREET ADDRESS	900 Clopper Road, Suite 200	STREET ADDRESS	
CITY-ST-ZIP	Gaithersburg, MD 20878	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNELLY, MICHAEL	NAME	
STREET ADDRESS	900 Clopper Road, Suite 200	STREET ADDRESS	
CITY-ST-ZIP	Gaithersburg, MD 20878	CITY-ST-ZIP	
TITLE	Controller <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, JOHN	NAME	
STREET ADDRESS	900 Clopper Road, Suite 200	STREET ADDRESS	
CITY-ST-ZIP	Gaithersburg, MD 20878	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, GREG	NAME	
STREET ADDRESS	200 Orchard Ridge Drive, Suite 100	STREET ADDRESS	
CITY-ST-ZIP	Gaithersburg, MD 20878	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, RICHARD P.	NAME	
STREET ADDRESS	900 Clopper Road, Suite 200	STREET ADDRESS	
CITY-ST-ZIP	Gaithersburg, MD 20878	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAKLEY, ALAN	NAME	
STREET ADDRESS	900 Clopper Road, Suite 200	STREET ADDRESS	
CITY-ST-ZIP	Gaithersburg, MD 20878	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUMMERSTEDT, CAROL	NAME	
STREET ADDRESS	600 Montgomery Street, 25th floor	STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94111	CITY-ST-ZIP	