

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

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90200 019 \*\*\*150.00

DOCUMENT # **F97000005587**



1. Entity Name  
**SEAWEST FINANCIAL CORPORATION**

Principal Place of Business  
**8303 ALONDRA BLVD.  
2ND FLOOR  
PARAMOUNT CA 90733**

Mailing Address  
**8303 ALONDRA BLVD.  
2ND FLOOR  
PARAMOUNT CA 90733**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>95-4642891</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b>	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>PCEO</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOPER, FREDERICK A</b>		NAME		
STREET ADDRESS	<b>8303 ALONDRA BLVD., 2ND FLOOR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PARAMOUNT CA 90733</b>		CITY-ST-ZIP		
TITLE	<b>EVPS</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TERKEL, KENNETH H</b>		NAME		
STREET ADDRESS	<b>8303 ALONDRA BLVD., 2ND FLOOR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PARAMOUNT CA 90733</b>		CITY-ST-ZIP		
TITLE	<b>CFO</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THROENIE, TERESA M</b>		NAME		
STREET ADDRESS	<b>8303 ALONDRA BLVD., 2ND FLOOR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PARAMOUNT CA 90733</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOPER, DAVID SR.</b>		NAME		
STREET ADDRESS	<b>3996 REDFORD COURT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW ALBANY OH 43054</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STROUD, S. GENE</b>		NAME	<b>Stroud, Margaret A.</b>	
STREET ADDRESS	<b>204 CALLE POTRO</b>		STREET ADDRESS	<b>204 Calle Potro, San Clemente CA92672</b>	
CITY-ST-ZIP	<b>SAN CLEMENTE CA 92672</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABRAHAMS, ROBERT</b>		NAME		
STREET ADDRESS	<b>2610 CRESTWOOD LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>RIVERWOODS IL 60015</b>		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 reports 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 an other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 2/3/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)