2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F98000005639 Feb 29, 2000 8:00 am 1. Entity Name **Secretary of State** WEST CONSULTANTS, INC. 02-29-2000 90119 029 ***150.00 Principal Place of Business Mailing Address 11848 BERNARDO PLAZA CT., STE. 140B 11848 BERNARDO PLAZA CT., STE. 1408 SAN DIEGO CA 92128 SAN DIEGO CA 92128-2418 UUULEUAA 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 33-0303017 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CRENSHAW, KENNETH B Street Address (P.O. Box Number is Not Acceptable) 3175 S. CONGRESS AVE., STE. 301 PALM SPRINGS FL 33461 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 SIGNATURE 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 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CPT Change ☐ Addition TITLE ☐ Delete WILLIAMS, DAVID T NAME STREET ADDRESS 11848 BERNARDO PLAZA CT., STE. 140B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92128 ☐ Addition **CVS** ☐ Change ☐ Delete TITLE TITI F BRADLEY, JEFFREY B NAME NAME STREET ADDRESS STREET ADDRESS 12509-BEL-RED RD., STE. 100 CITY-ST-7IP CITY-ST-ZIP BELLEVUE WA 98005 ☐ Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST; ZIP Addition Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 11 or Block 12 if

ED OR PRINTED NAME OF

SIGNATURE: