## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000007244

Entity Name: WESTCARE FOUNDATION, INC.

FILED Jan 16, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 900 GRIER DRIVE LAS VEGAS, NV 89119 **Current Mailing Address: New Mailing Address:** PO BOX 94738 LAS VEGAS, NV 89193 FEI Number: 86-0852629 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **BUSINESS FILINGS INCORPORATED** 1203 GOVERNORS SQUARE BLVD, SUITE 101 TALLAHASSEE, FL 32301 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PCD (X) Change ( ) Addition () Delete STEINBERG, RICHARD STEINBERG, RICHARD Name: Name: 900 GRIER DRIVE Address: 900 GRIER DRIVE Address: City-St-Zip: LAS VEGAS, NV 89119 City-St-Zip: LAS VEGAS, NV 89119 Title: VD () Delete Title: CD (X) Change ( ) Addition CASSINGER, MARY Name: CASSINGER, MARY Name: Address: 2950 S INDUSTRIAL ROAD Address: 2950 S INDUSTRIAL ROAD City-St-Zip: LAS VEGAS, NV 89109 City-St-Zip: LAS VEGAS, NV 89109 Title: () Delete Title: () Change () Addition KING, TEX Name: Name: 404 LEICHANN ROAD Address: Address: City-St-Zip: HENDERSON, NV 89015 City-St-Zip: ( ) Delete Title: DAS Title: () Change () Addition VENTRELLA, PETER Name: Name: 900 GRIER DRIVE Address: Address: City-St-Zip: LAS VEGAS, NV 89119 City-St-Zip: Title: () Delete Title: () Change () Addition THOMAS, DICK Name: Name: 11584 GLOWING SUNSET Address: Address: City-St-Zip: LAS VEGAS, NV 89135 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition SULLIVAN, WILLIAM WADHAMS JIM Name: Name: Address: 7820 RAMBLEWOOD AVE Address: 3773 HOWARD HUGES PKWY 3RD FL SOUTH LAS VEGAS, NV 89104 LAS VEGAS, NV 89109 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER VENTRELLA EVP 01/16/2006