## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

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SIGNATURE AND TYPED

SIGNATURE:

## Aug 03, 2004 8:00 am Secretary of State DOCUMENT # F01000006402 08-03-2004 90002 046 \*\*\*158.75 WNC INSURANCE SERVICES, INC. Principal Place of Business Mailing Address 899 EL CENTRO STREET 899 EL CENTRO STREET 54066341 SOUTH PASADENA, CA 91030 SOUTH PASADENA, CA 91030 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07142004 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 95-2956941 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HEINRICH, NORMAN G Street Address (P.O. Box Number is Not Acceptable) 9150 S.W. 87TH AVENUE #106 MIAMI, FL 33176 City Zip Code FL 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Defete Addition TIME TITLE Change NAME HERRMANN, CARL L JR. NAME STREET ADDRESS 375 LINDA VISTA DRIVE STREET ADDRESS CITY-ST-7IP PASADENA, CA 91103 CITY-ST-ZIP Delete Change Addition TITLE TITLE HERRMANN, CARL L III NAME NAME HERRMANN, CARL L III 2468 TAPO CANYON ROAD STREET ADDRESS STREET ADDRESS 802 LINDA VISTA AVENUE CITY-ST-ZIP SIMI VALLEY, CA 93063 CITY-ST-ZIP PASADENA CA 91103 **CFOS** XI. Delete TITLE TITLE ŒŒ \_\_\_Change X Addition DELEON, GLORIA G NAME NAME GOSS, ROBERT M. STREET ADDRESS 306 GOLDEN GROVE CT STREET ADDRESS 1091 Elm Ridge Drive Glenooe, IL 60022 SIMI VALLEY, CA 93065 CITY-ST-ZIP TITLE Delete TITLE Change XX Addition BALTZER, GREGORY E NAME NAME SLAUGHTER, HELEN M STREET ADDRESS 241 WINDROSE CT STREET ADDRESS 1654 SOUTH 5th AVENUE CITY-ST-ZIP NEWBURY PARK, CA 91320 CITY-ST-ZIP MONROVIA CA 91016 ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TiTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

G OFFICER OR DIRECTOR

7-28-00

Daytime Priorie #

**FILED**