


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90002 046 ***158.75

DOCUMENT # F01000006402					
1. Entity Name WNC INSURANCE SERVICES, INC.					
Principal Place of Business 899 EL CENTRO STREET SOUTH PASADENA, CA 91030			Mailing Address 899 EL CENTRO STREET SOUTH PASADENA, CA 91030		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 95-2956941	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HEINRICH, NORMAN G 9150 S.W. 87TH AVENUE #106 MIAMI, FL 33176				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)					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERRMANN, CARL L JR.		NAME		
STREET ADDRESS	375 LINDA VISTA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PASADENA, CA 91103		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERRMANN, CARL L III		NAME		
STREET ADDRESS	2468 TAPO CANYON ROAD		STREET ADDRESS		
CITY-ST-ZIP	SIMI VALLEY, CA 93063		CITY-ST-ZIP		
TITLE	CFOS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DELEON, GLORIA G		NAME		
STREET ADDRESS	306 GOLDEN GROVE CT		STREET ADDRESS		
CITY-ST-ZIP	SIMI VALLEY, CA 93065		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BALTZER, GREGORY E		NAME		
STREET ADDRESS	241 WINDROSE CT		STREET ADDRESS		
CITY-ST-ZIP	NEWBURY PARK, CA 91320		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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4. FEI Number
95-2956941

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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