

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90176 005 ***150.00

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

DOCUMENT # F02000002118

1. Entity Name
WORTH FUNDING INCORPORATED



Principal Place of Business
26679 W. AGOURA RD., STE. 200
CALABASAS, CA 91302

Mailing Address
26679 W. AGOURA RD., STE. 200
CALABASAS, CA 91302

11009896



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
18400 VON KARMAN
Suite, Apt. #, etc.
SUITE 1000

3. Mailing Address
18400 VON KARMAN
Suite, Apt. #, etc.
SUITE 1000

City & State
IRVINE, CA

City & State
IRVINE, CA

4. FEI Number
95-4729811

Applied For
☐ Not Applicable

Zip
92612

Country
U.S.A.

Zip
92612

Country

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

6. Name and Address of Current Registered Agent

PARACORP INCORPORATED
236 E 6TH AVE.
TALLAHASSEE, FL 32303

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	CFO	<input type="checkbox"/> Delete
NAME	DODGE, PATTI M	
STREET ADDRESS	18400 VON KARMAN, STE. 1000	
CITY-ST-ZIP	IRVINE, CA 92612	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARRAR, CHRISTOPHER D	
STREET ADDRESS	26679 W. AGOURA RD., STE. 200	
CITY-ST-ZIP	CALABASAS, CA 91302	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOTSCHALL, EDWARD F	
STREET ADDRESS	18400 VON KARMAN, STE. 1000	
CITY-ST-ZIP	IRVINE, CA 92612	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	MCGEE, DAVID R	
STREET ADDRESS	26679 W. AGOURA RD., STE. 200	
CITY-ST-ZIP	CALABASAS, CA 91302	
TITLE	C	<input type="checkbox"/> Delete
NAME	MORRICE, BRADLEY A	
STREET ADDRESS	18400 VON KARMAN, STE. 1000	
CITY-ST-ZIP	IRVINE, CA 92612	
TITLE	S	<input type="checkbox"/> Delete
NAME	THEOLOGIDES, STERGIOS	
STREET ADDRESS	18400 VON KARMAN, STE. 1000	
CITY-ST-ZIP	IRVINE, CA 92612	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/03 (949) 224-5719

CR2E034 (10/02)