

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90145 039 \*\*\*158.75

**DOCUMENT # F04000004852**

1. Entity Name  
**HOME CREST INSURANCE SERVICES, INC.**



Principal Place of Business  
**17861 VONKARMAN AVE.  
IRVINE, CA 92614**

Mailing Address  
**C/O JOAN OLDS, WASHINGTON MUTUAL  
1201 THIRD AVE., WMT1706  
SEATTLE, WA 98101**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

04132006 Chg-P CR2E034 (11/05)

4. FEI Number  
**95-2411823**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORMATO, CARL A 17861 VON KARMAN AVE., BLDG. E. IRVINE, CA 96214 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP GREENLEE, JOHN P 17861 VON KARMAN AVE., BLDG. E. IRVINE, CA 96214 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLBROOK, CYNTHIA K 1201 3RD AVE., WMT 1706 SEATTLE, WA 98101 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRUIT, WILLIAM K 75 N. FAIRWAY DR. VERNON HILLS, IL 60061 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MILES, ROBERT H 1201 3RD AVE., WMT1501 SEATTLE, WA 98101 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP NELSON, GREG J 17861 VON KARMAN AVE., BLDG. E. IRVINE, CA 96214 <input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/yp Anderson, Curtis B. 75 N. Fairway Dr. Irvine, CA 92614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Brouwer, Curt 999 3rd Ave., FIS1520 Seattle, WA 98101 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	First VP Greenlee, John P. 17861 Von Karman Ave., Bldg. E Irvine, CA 92614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** **Cynthia K. Holbrook** **4/17/06** **(206) 461-8998**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

40068012

Entity Name:

Document #:

~~Home Crest Insurance Services, Inc.~~

F04000004852

Attachment to Florida  
Annual Report

Block 10. Additional Officers:

Laurie K. Hanson  
*First Vice President*  
999 3rd Ave., FIS1520  
Seattle, WA 98101

Leslie A. Harrison  
*First Vice President, Assistant Secretary*  
17875 Von Karman Ave., Ste. 300  
Irvine, CA 92614

Greg J. Nelson  
*First Vice President*  
17861 Von Karman Ave., Bldg. E  
Irvine, CA 92614

Deveri M. Ray  
*First Vice President*  
1191 2nd Ave., SAS0921  
Seattle, WA 98101

Jill K. Smith-Ely  
*First Vice President*  
17861 Von Karman Ave., Bldg. E  
Irvine, CA 92614

Cynthia L. Barajas  
*Vice President*  
17861 Von Karman Ave., Bldg. E  
Irvine, CA 92614

Carolyn K. Casteel-Picnich  
*Vice President*  
1501 4th Ave., CSQ0815  
Seattle, WA 98101

William L. Lynch  
*Assistant Secretary*  
1201 3rd Ave., WMT1706  
Seattle, WA 98101

Block 10. Additional Directors:

Emmet R. Burns  
1201 3rd Ave., WMT1236  
Seattle, WA 98101

Stephen Fortunato  
1201 3rd Ave., 20th Flr.  
Seattle, WA 98101

Anthony T. Meola  
75 N. Fairway Dr.  
Vernon Hills, IL 60061

Richard G. Stephenson  
1201 3rd Ave., WMT1706  
Seattle, WA 98101

# ATTACHMENT

40068012

## Washington Mutual

Legal Department  
1201 3rd Ave., WMT1706  
Seattle, WA 98101

(206) 461-8998  
fax (206) 554-2790

April 26, 2006



Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

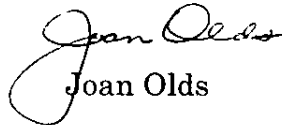
Re: Home Crest Insurance Services, Inc.  
Document # F04000004852

Dear Sir or Madam:

Enclosed for filing is the completed annual report for the above-referenced corporation. Check number 844378629 in the amount of \$158.75 is also enclosed for the filing fee and to obtain a certificate of status.

Please return the certificate to the attention of Joan Olds, Washington Mutual Bank, 1201 3rd Ave., WMT1706, Seattle, WA 98101. If you have any questions or need further information, please feel free to call me at (206) 461-8998. Thank you for your attention to this matter.

Sincerely,

  
Joan Olds

Enclosures

