2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008
Secretary of State

DOCUMENT# F04000004852

Entity Name: HOME CREST INSURANCE SERVICES, INC.

Current Principal Place of Business:

17861 VON KARMAN AVE.
IRVINE, CA 92614

New Principal Place of Business:

17861 VON KARMAN AVE., BLDG. E
IRVINE, CA 92614

Current Mailing Address:

C/O JOAN OLDS, WASHINGTON MUTUAL BANK
1301 2ND AVE., WMC3501
SEATTLE, WA 98101

New Mailing Address:

FEI Number: 95-2411823 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	FORMATO, CARL A	
Address:	17861 VON KARMAN AVE., BLDG. E	
City-St-Zip:	IRVINE, CA 96214	
Title:	1VP	( ) Delete
Name:	GREENLEE, JOHN P	
Address:	17861 VON KARMAN AVE., BLDG. E	
City-St-Zip:	IRVINE, CA 96214	
Title:	S	( ) Delete
Name:	RADOSEVICH, ANDREA	
Address:	1301 2ND AVE., 36TH FLR.	
City-St-Zip:	SEATTLE, WA 98101	
Title:	T	( ) Delete
Name:	RIVENESS, JEFFREY J	
Address:	1301 2ND AVE., 13TH FLR.	
City-St-Zip:	SEATTLE, WA 98101	
Title:	SVP	( ) Delete
Name:	BROUWER, CURT	
Address:	1301 2ND AVE., 32ND FLR.	
City-St-Zip:	SEATTLE, WA 98101	
Title:	V	( ) Delete
Name:	BARAJAS, CYNTHIA L	
Address:	17861 VON KARMAN AVE., BLDG. E	
City-St-Zip:	IRVINE, CA 92614	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	SMITH-ELY, JILL K	
Address:	17861 VON KARMAN AVE., BLDG. E	
City-St-Zip:	IRVINE, CA 96214	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREA RADOSEVICH S 04/07/2008

Electronic Signature of Signing Officer or Director — Date