

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F38875**

1. Entity Name  
**FIRST WESTERN SBLC, INC.**



Principal Place of Business

**17950 PRESTON ROAD  
SUITE 600  
DALLAS, TX 75252 US**

Mailing Address

**17950 PRESTON ROAD  
SUITE 600  
DALLAS, TX 75252 US**



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2165536**

Applied For  
Not Applicable

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

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

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ROSEMORE, LANCE  
STREET ADDRESS 17950 PRESTON ROAD, SUITE 600  
CITY-ST-ZIP DALLAS, TX 75252

TITLE D  
NAME GREENBERG, MARTHA  
STREET ADDRESS 17950 PRESTON ROAD, SUITE 600  
CITY-ST-ZIP DALLAS, TX 75252

TITLE D  
NAME COHEN, NAT  
STREET ADDRESS 17950 PRESTON ROAD, SUITE 600  
CITY-ST-ZIP DALLAS, TX 75252

TITLE D  
NAME GREENBERG, ROY  
STREET ADDRESS 17950 PRESTON ROAD, SUITE 600  
CITY-ST-ZIP DALLAS, TX 75252

TITLE D  
NAME IMBER, BARRY  
STREET ADDRESS 17950 PRESTON ROAD, SUITE 600  
CITY-ST-ZIP DALLAS, TX 75252

TITLE D  
NAME MUNN, IRV  
STREET ADDRESS 17950 PRESTON ROAD, SUITE 600  
CITY-ST-ZIP DALLAS, TX 75252

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07

Date

Daytime Phone # \_\_\_\_\_