

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90028 017 \*\*\*150.00

0669597

**DOCUMENT # F41309**  
 1. Entity Name  
**WESTERN FINANCIAL CAPITAL CORPORATION**

Principal Place of Business 18111 PRESTON ROAD SUITE 600 DALLAS TX 75252 US	Mailing Address 18111 PRESTON ROAD SUITE 600 DALLAS TX 75252 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>63-0785825</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND RD**  
**PLANTATION FL 33324**

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.  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENBERG, MARTHA R.</b>	NAME	
STREET ADDRESS	<b>18111 PRESTON ROAD, STE. 600</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX 75252</b>	CITY-ST-ZIP	
TITLE	<b>DVS</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSEMORE, LANCE B.</b>	NAME	
STREET ADDRESS	<b>18111 PRESTON ROAD, STE. 600</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX 75252</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSEMORE, FREDERIC M.</b>	NAME	
STREET ADDRESS	<b>18111 PRESTON ROAD, STE. 600</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX 75252</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMIL, THOMAS</b>	NAME	
STREET ADDRESS	<b>18111 PRESTON ROAD, STE. 600</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX 75252</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BORISH, IRVIN</b>	NAME	
STREET ADDRESS	<b>18111 PRESTON ROAD, STE. 600</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX 75252</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IMBER, BARRY</b>	NAME	
STREET ADDRESS	<b>18111 PRESTON ROAD, STE. 600</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX 75252</b>	CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Barry Imber* **1/9/2001** **972-349-3200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)