## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2007 08:00 AM Secretary of State

## **DOCUMENT # F41309**

1. Entity Name

WESTERN FINANCIAL CAPITAL CORPORATION



Principal Place of Business

17950 PRESTON RD.

STE. 600 DALLAS, TX 75252 US Mailing Address

17950 PRESTON RD.

STE. 600

DALLAS, TX 75252



01092007

lo Chg-P

CR2E034 (11/05)

4. FEI Number 63-0785825

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 NOTWRITE

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\_

mature, 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, 2007 Fee will be \$550.00 Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

| 10.                                     | OFFICERS AND DIRECTORS  |  |
|---|---|--|
| TITLE - NAME STREET ADDRESS CITY-ST-ZIP | D   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | DVS<br>ROSEMORE, LANCE B.<br>17950 PRESTON RD., STE. 600<br>DALLAS, TX 75252  |  |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP   | D<br>COHEN, NAT<br>17950 PRESTON ROAD SUITE 600<br>DALLAS, TX 75252   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>GREENBERG, ROY<br>17950 PRESTON RD., STE. 600<br>DALLAS, TX 75252  | and the state of t |
| TITLE NAME STREET ADDRESS CITY-SY-ZIP   | D<br>MUNN, IRV<br>17950 PRESTON RD., STE. 60<br>DALLAS, TX 75252  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | IMBER, BARRY  17950 PRESTON RD., STE. 600  DALLAS, TX 75252  Partify that the information supplied with this filling does not qualify for the original programme. |  |



12. I hereby certify that the information supplied with this filling 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 withea address, with all other like empowered.

SIGNATURE:

BIGHATURE AND UPPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

iliolon

(972) 349-3200

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Daylime Phone