


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 15, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F41309 1. Entity Name WESTERN FINANCIAL CAPITAL CORPORATION	
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Principal Place of Business 17950 PRESTON RD. STE. 600 DALLAS, TX 75252 US	Mailing Address 17950 PRESTON RD. STE. 600 DALLAS, TX 75252 US
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DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 63-0785825	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

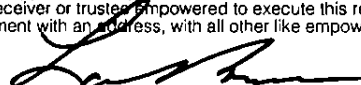
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000785089  
01/16/08-80081-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENBERG, MARTHA R. 17950 RPESTON RD., STE. 600 DALLAS, TX 75252
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ROSEMORE, LANCE B. 17950 PRESTON RD., STE. 600 DALLAS, TX 75252
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, NAT 17950 PRESTON ROAD SUITE 600 DALLAS, TX 75252
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENBERG, ROY 17950 PRESTON RD., STE. 600 DALLAS, TX 75252
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNN, IRV 17950 PRESTON RD., STE. 60 DALLAS, TX 75252
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IMBER, BARRY 17950 PRESTON RD., STE. 600 DALLAS, TX 75252

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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:  1/10/08 9723493200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #