

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90072 037 \*\*\*150.00

UBR-228 AI

**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

**90004314**



CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**

**City & State**

**4. FEI Number** **63-0785825** Applied For  
Not Applicable

**Zip** **Country**

**Zip** **Country**

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

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

**7. Name and Address of New Registered Agent**

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

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_  
Signature, 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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	GREENBERG, MARTHA R.	
STREET ADDRESS	18111 PRESTON ROAD, STE. 600	
CITY-ST-ZIP	DALLAS TX 75252	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	ROSEMORE, LANCE B.	
STREET ADDRESS	18111 PRESTON ROAD, STE. 600	
CITY-ST-ZIP	DALLAS TX 75252	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSEMORE, FREDRIC M.	
STREET ADDRESS	18111 PRESTON ROAD, STE. 600	
CITY-ST-ZIP	DALLAS TX 75252	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMIL, THOMAS	
STREET ADDRESS	18111 PRESTON ROAD, STE. 600	
CITY-ST-ZIP	DALLAS TX 75252	
TITLE	D	<input type="checkbox"/> Delete
NAME	BORISH, IRMIN	
STREET ADDRESS	18111 PRESTON ROAD, STE. 600	
CITY-ST-ZIP	DALLAS TX 75252	
TITLE	D	<input type="checkbox"/> Delete
NAME	IMBER, BARRY	
STREET ADDRESS	18111 PRESTON ROAD, STE. 600	
CITY-ST-ZIP	DALLAS TX 75252	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Samuel, Theodore J.	
STREET ADDRESS	18111 Preston Rd, Ste 600	
CITY-ST-ZIP	Dallas, TX 75252	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

**12. 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 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