

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F93000004140

1. Entity Name

WESTAMERICA MORTGAGE COMPANY



Principal Place of Business

**1 SOUTH 660 MIDWEST ROAD, SUITE 100
OAKBROOK TERRACE, IL 60181**

Mailing Address

**1 SOUTH 660 MIDWEST ROAD, SUITE 100
OAKBROOK TERRACE, IL 60181**



04042006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1106939

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000506896
04/27/06-80042-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	GEORGE, RICHARD P A
STREET ADDRESS	5655 S. YOSEMITE ST., STE. 460
CITY-ST-ZIP	GREENWOOD VILLAGE, CO 80111
TITLE	PD
NAME	BRYAR, LAURENCE J
STREET ADDRESS	1 SOUTH 660 MIDWEST ROAD, SUITE 100
CITY-ST-ZIP	OAKBROOK TERRACE, IL 60181
TITLE	COO
NAME	SANTOSTEFANO, ROBERT J
STREET ADDRESS	1 SOUTH 660 MIDWEST ROAD, SUITE 100
CITY-ST-ZIP	OAKBROOK TERRACE, IL 60181
TITLE	S
NAME	PERRY, TERRE I
STREET ADDRESS	5655 S. YOSEMITE ST., STE 460
CITY-ST-ZIP	GREENWOOD VILLAGE, CO 80111
TITLE	T
NAME	DRUMM, MICHAEL
STREET ADDRESS	5655 S YOSEMITE ST., SUITE 460
CITY-ST-ZIP	GREENWOOD VILLAGE, CO 80111
TITLE	CM
NAME	ZINKUS, VIDA
STREET ADDRESS	1 SOUTH 660 MIDWEST ROAD, STE 100
CITY-ST-ZIP	OAKBROOK TERRACE, IL 60181

**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

Date

Daytime Phone #

4/10/06 630-916-9299