

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F94000005609 (2)

1. Corporation Name

WCB MANAGEMENT GEN-PAR, INC.



Principal Place of Business

450 NEWPT CENTER DR.  
STE. 304  
NEWPORT BEACH CA 92680

Mailing Address

450 NEWPT CENTER DR.  
STE. 304  
NEWPORT BEACH CA 92680-7640

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/28/1994

3a. Date of Last Report

01/25/1996

4. FEI Number

75-2563228

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME CHASE, MICHAEL R  
STREET ADDRESS 450 NEWPORT CENTER DR., STE. 304  
CITY-ST-ZIP NEWPORT BEACH CA 92680

☐ DELETE

TITLE EVP  
NAME BENEDICT, COLEMAN J  
STREET ADDRESS 450 NEWPORT CENTER DR., STE. 304  
CITY-ST-ZIP NEWPORT BEACH CA 92680

☐ DELETE

TITLE EVCF  
NAME HOOVER, TED L  
STREET ADDRESS 450 NEWPORT CENTER DR., STE. 304  
CITY-ST-ZIP NEWPORT BEACH CA 92680

☐ DELETE

TITLE VP  
NAME NEIDICH, DANIEL M  
STREET ADDRESS 450 NEWPORT CENTER DR., STE. 304  
CITY-ST-ZIP NEWPORT BEACH CA 92680

☐ DELETE

TITLE VP C  
NAME DIDIMO  
STREET ADDRESS 450 NEWPORT CENTER DR, SUITE 304  
CITY-ST-ZIP NEWPORT BEACH CA

☐ DELETE

TITLE VP  
NAME WILLIAMS, TODD A  
STREET ADDRESS 450 NEWPORT CENTER DR., STE. 304  
CITY-ST-ZIP NEWPORT BEACH CA 92680

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1078

12E034 (9/96)