

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

0866466 SP

DOCUMENT # F94000006699

1. Entity Name
THE WESTWIND MANAGEMENT COMPANY

03-13-2002 90071 001 ***158.75

Principal Place of Business Mailing Address
1255 HIGH BLUFF DR **1255 HIGH BLUFF DR**
SUITE #120 **SUITE #120**
SAN DIEGO CA 92130 **SAN DIEGO CA 92130**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
83-0308262 Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Delete
NAME	STRAUSS, MICHAEL	
STREET ADDRESS	12555 HIGH BLUFF DRIVE SUITE 120	
CITY-ST-ZIP	SAN DIEGO CA 92130	
TITLE	P	<input type="checkbox"/> Delete
NAME	OSTRIE, WILLIAM	
STREET ADDRESS	12555 HIGH BLUFF DR #120	
CITY-ST-ZIP	SAN DIEGO CA 92130	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	STRAUSS, MICHAEL	
STREET ADDRESS	12555 HIGH BLUFF DR., STE 120	
CITY-ST-ZIP	SAN DIEGO CA 92130	
TITLE	VS	<input type="checkbox"/> Delete
NAME	LABRECHE, STEPHEN O	
STREET ADDRESS	12555 HIGH BLUFF DR, #120	
CITY-ST-ZIP	SAN DIEGO CA 92130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 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: **2/21/02** Daytime Phone #: **(858) 481-3200 ext 285**

CR2E034 (9/01)