

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90107 033 ***150.00

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1. Entity Name

WESTERN HOST, INC.



Principal Place of Business

1111 WESTCHESTER AVENUE
WHITE PLAINS NY 10604
US

Mailing Address

2231 E CAMELBACK RD
SUITE 400
PHOENIX AZ 85016
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 95-2873239

Applied For

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

C T 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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME DARNALL, THEODORE W ☒ Delete
STREET ADDRESS 1111 WESTCHESTER AVENUE
CITY ST ZIP WHITE PLAINS NY 10604

TITLE PD
NAME Jared T. Finkelstein ☒ Change ☐ Addition
STREET ADDRESS 1111 Westchester Ave.
CITY ST ZIP White Plains, NY 10604

TITLE VASD
NAME DONAT, MARSHALL J ☐ Delete
STREET ADDRESS 1111 WESTCHESTER AVE
CITY ST ZIP WHITE PLAINS NY 10604

TITLE VSD
NAME } same ☒ Change ☐ Addition
STREET ADDRESS
CITY ST ZIP

TITLE VT
NAME MORROW, PETER ☐ Delete
STREET ADDRESS 2231 E. CAMELBACK RD 400
CITY ST ZIP PHOENIX AZ 85016

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY ST ZIP

TITLE VASD
NAME DOJLIDKO, MICHAEL ☐ Delete
STREET ADDRESS 1111 WESTCHESTER AVE
CITY ST ZIP WEST HARRISON NY 10604

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY ST ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY ST ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY ST ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY ST ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Peter Morrow

Peter Morrow

4/20/07

(602) 852-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #