

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
 03-11-2002 90074 006 ***150.00

DOCUMENT # F96000004988

1. Entity Name
PACIFIC GUARANTEE MORTGAGE CORPORATION

Principal Place of Business

**501 CANAL BLVD.
 SUITE H
 RICHMOND CA 94804**

Mailing Address

**501 CANAL BLVD.
 SUITE H
 RICHMOND CA 94804**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

68-0100581

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 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

N/A

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 **N/A**

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

(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 **PD** ☒ Delete
 NAME **OSENTON, WILLIAM D**
 STREET ADDRESS **501 CANAL BLVD., STE. H**
 CITY-ST-ZIP **RICHMOND CA 94804**

TITLE **President / Director** ☒ Change ☐ Addition
 NAME **Bruce Barbera**
 STREET ADDRESS **501 Canal Blvd., Suite H**
 CITY-ST-ZIP **Richmond, CA 94804**

TITLE **SVP** ☒ Delete
 NAME **HILLMAN, MICHAEL**
 STREET ADDRESS **501 CANAL BLVD., STE. H**
 CITY-ST-ZIP **RICHMOND CA 94804**

TITLE **Treasurer** ☐ Change ☒ Addition
 NAME **Jim Hayes**
 STREET ADDRESS **440 North Orleans**
 CITY-ST-ZIP **Chicago, IL 60610**

TITLE **SVP** ☒ Delete
 NAME **MANN, AARON**
 STREET ADDRESS **501 CANAL BLVD., STE. H**
 CITY-ST-ZIP **RICHMOND CA 94804**

TITLE **Secretary** ☐ Change ☒ Addition
 NAME **Bradley Simon**
 STREET ADDRESS **440 North Orleans**
 CITY-ST-ZIP **Chicago, IL 60610**

TITLE **PD** ☐ Delete
 NAME **BARBERA, BRUCE P**
 STREET ADDRESS **50 OAK SHADE LANE**
 CITY-ST-ZIP **NOVATO CA 94945**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☒ Delete
 NAME **FILLER, MARK A**
 STREET ADDRESS **289 LAUREL AVENUE**
 CITY-ST-ZIP **HIGHLAND PARK IL 60025**

TITLE **Director** ☐ Change ☒ Addition
 NAME **Dave Matthews**
 STREET ADDRESS **1111 North Dearborn St., Apt. 2305**
 CITY-ST-ZIP **Chicago, IL 60601**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Bruce Barbera

02/20/2002

510-307-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)