2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9800004174 1. Entity Name GREENPOINT AGENCY, INC.					Sep 12, 2001 8:00 am Secretary of State 09-12-2001 90017 015 ***550.00				
Principal Place of Business 10069 WILLOW CREEK ROAD SAN DIEGO CA 92131		Mailing Address 10089 WILLOW CREEK ROAD SAN DIEGO CA 92131							
2. Principal Place of Business		3. Mailing Address			- Partie				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number 33-08 12686 Applied For Not Applied For				
Zip Countr	у	Zip	Country.		5. Certifica	te of Status Desii		\$8.75 Ad	
6. Name and Add	ress of Current Re	gistered Agent			7. Name a	nd Address of N	ew Registere		au .
			Na	me				<u> </u>	
LEXIS DOCUMENT SERVICES 3953 WW KELLEY ROAD	Street Address (P.O. Box Num	ber is Not Accep	table)		P-4-4	
TALLAHASSEE FL 32311									
•		У			F	Zip Cod	le		
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 \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State			te Trust Fund Contribution. Added to Fees				
	OFFICERS AND DI		12.		ADDITION:	S/CHANGES TO	OFFICERS AN	ND DIRECTOR	S IN 11
NAME PAUL, PETER T STREET ADDRESS CITY-ST-ZIP PAUS WILLOW CR SAN DIEGO CA 92		≯⊠-& elate	TITLE NAME STREET ADD CITY-ST-ZII					☐ Change	☐ Addition
	ATLAS, ALAN 10089 WILLOW CREEK ROAD SAN DIEGO CA 92131		TITLE NAME STREET ADD CITY-ST-ZIF	RESS	chard C. Fridell			XXX Change	☐ Addition
NAME NAJEWICZ, MICHAI STREET ADDRESS CITY-ST-ZIP SAN DIEGO CA 92	eek road	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZIF		- "			☐ Change	Addition
T BUCHANAN, JOHN 10089 WILLOW CRISTY-ST-ZIP SAN DIEGO CA 92	EEK ROAD	X∑ Selete	TITLE NAME STREET ADDI CITY-ST-ZIP	RESS	rles O.	Ryan		Change	☐ Addition
ITILE EVP HAME RICHARDSON, CHA STREET ADDRESS OTY-ST-ZIP SAN DIEGO CA 92	eek RD.	☐ Delete	TITLE NAME STREET ADDR	RESS	esident			XX Change	☐ Addition
ITLE DV POTTER, JAMES		☐ Delete	TITLE NAME					☐ Change	Addition

SIGNATURE: 1

SIGNATURE AND TYPED OR PRINTED NAME OF SQUING OFFICER OR DIRECTOR

Sr. VP &

Daytime Phone #