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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9800006344

1. Corporation Name

WILSON, LOMBARD & PARTNER, INC.

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90071 031 ***150.00



Principal Plac	e of Business	Mailing Address						
201 S. MAIN STREET. STE 900 SALT LAKE CITY UT 84111		201 S. MAIN STREET. STE 900 SALT LAKE CITY UT 84111						
					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					11/17/1998			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			87-0617363		\vdash	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75	Additional	
22		27			5. Certifcate of Status Desired		Fee I	Required
City & Stat	e	City & State			6. Election Campaign Financing		\$5.0	May Be
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country	7	8. This corporation owes the curre	nt year Intar	gible	
24	25	29	3		Personal Property Tax.	<u> </u>	Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered A	gent	
			81	Name				
KOTOWSKI, KARL			82	Street Add	fress (P.O. Box Number is Not Accepta	ble)		_
	BE SUNRISE BLVD., STE 623		") Subst Add				
FOR	T LAUDERDALE FL 33304		83					
			84				85 Zi	Code
			04	City		FL	83 24	0000
office or i agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State o im familiar with, and accept the obligati	if Florida. Such change was auth	iorized by	the corporat	poration submits this statement for the ion's board of directors. I hereby accep	t the appoint	ment as	registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Age	nt signature requir	ed when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF			
TITLE	PCD	☐ DELETE	1.1 TITLE				☐ Chang	e Addition
NAME	JEROME, GRACE		1.2 NAME	Ì				
STREET ADDRESS			1.3 STREE	TADDRESS				
CITY-ST-ZIP	SALT LAKE CITY UT		1.4 CITY-5	ST-ZIP				
TITLE	SD	☐ DELETE	2.1 TITLE				Chang	e 🗌 Addition
NAME	HENDENBROOK, LARRY		2.2 NAME					
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		2.3 STREE	TADDRESS				
CITY-ST-ZIP	SALT LAKE CITY UT		2. 4 CITY-	ST-ZIP				
TITLE	VTD	☐ DELETE	3.1 TITLE				Chang	e 🔲 Addition
NAME	KOTOWSKI, KARL		3.2 NAME					
STREET ADDRESS	1		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	SALT LAKE CITY UT		3.4. CITY-	ST-ZIP				
TITLE	D	☐ DELETE	4.1 TITLE			_	☐ Chang	e 🔲 Addition
NAME	MUELLER, BRUNO		4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP	GERMANY UT		4.4 CITY-S	ST-ZIP				
TITLE	CLIMPUT: OT	☐ DELETE	5.1 TITLE			_	☐ Chang	e 🔲 Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP				
TITLE		DELETE	6.1 TITLE				Chang	e
NAME .			6.2 NAME				-	
			F	TADDRESS				
STREET ADDRESS	l '		64 CITY-					

14. 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 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, with all other like empowered.

SIGNING OFFICER OR DIRECTOR

Daytime Phone #