

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006481

FILED
Apr 29, 2011
Secretary of State

Entity Name: URBAN WEST MANAGEMENT, INC.

Current Principal Place of Business:

4100 NEWPORT PLACE
SUITE 800
NEWPORT BEACH, CA 92660 US

New Principal Place of Business:

Current Mailing Address:

4100 NEWPORT PLACE
SUITE 800
NEWPORT BEACH, CA 92660 US

New Mailing Address:

FEI Number: 59-3308046 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BRAY, JOHN H
Address: 400 N. ASHLEY DRIVE, SUITE 3010
City-St-Zip: TAMPA, FL 33602 US

Title: VPS
Name: BRAY, MATTHEW J
Address: 400 N. ASHLEY DRIVE, SUITE 3010
City-St-Zip: TAMPA, FL 33602 US

Title: VP
Name: WEST, DALE A
Address: 400 N. ASHLEY DRIVE, SUITE 3010
City-St-Zip: TAMPA, FL 33602 US

Title: VPT
Name: FALLIERS, JOHN C
Address: 4100 NEWPORT PLACE, SUITE 800
City-St-Zip: NEWPORT BEACH, CA 92660 US

Title: VPAS
Name: TROUTMAN, JOHN C
Address: 4100 NEWPORT PLACE, SUITE 800
City-St-Zip: NEWPORT BEACH, CA 92660 US

Title: ASVP
Name: LEMONS, DAWN M
Address: 400 N. ASHLEY DRIVE, SUITE 3010
City-St-Zip: TAMPA, FL 33602 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAWN LEMONS

ASVP

04/29/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date