

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90052 006 ***150.00

DOCUMENT # F98000006883

1. Entity Name
TALBOT FINANCIAL SERVICES, INC.



Principal Place of Business
**10785 WILLOWS RD
STE 100
REDMOND WA 98052**

Mailing Address
**PO BOX 90756
ALBUQUERQUE NM 87199-0756**

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 **91-1930436**

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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

See Attached ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD WEYMOUTH, DAVID E 7770 JEFFERSON NE ALBUQUERQUE NM 87109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP CEBULA, CONNIE 101 N. WACKER DRIVE, SUITE 1500 CHICAGO IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRACKETT, JOHN 3478 BUSKIRK AVE STE 300 PLEASANT HILL CA 94523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT CHAVEZ, MATTHEW 7770 JEFFERSON NE ALBUQUERQUE NM 87109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS CHAVEZ, MATTHEW J 7770 JEFFERSON NE ALBUQUERQUE NM 87109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LUCERO, SHARI L 7770 JEFFERSON NE ALBUQUERQUE NM 87109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Matthew Chavez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President
Date

1/13/03
Daytime Phone #

CR2E034 (10/02)

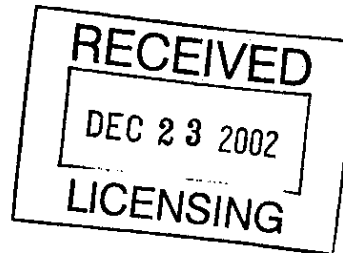
Attachment 3001145
F98000006983

*** CERTIFICATE OF LICENSE STATUS ***
STATE OF WASHINGTON

December 17, 2002



MIKE KREIDLER
INSURANCE COMMISSIONER



This Certifies That

TALBOT FINANCIAL SERVICES INC
10785 WILLOWS RD NE #100
REDMOND WA 98052

TALBOFS015C2

**Has complied with our examination and/or qualification standards and
is currently licensed in the State of Washington as:**

<u>License Type</u>	<u>Insurance Lines</u>	<u>Effective</u>	<u>Expiration</u>
AGENT	Life, Disability	02/22/1999	02/22/2003

**There are no disciplinary actions on file.
Licensed Affiliates are listed below.**

Mike Kreidler
Insurance Commissioner

BY *Georgia Cooper*
Administrator, Licensing & Education

This office does not issue a separate license for Variable Life Products and/or Variable Annuities. However, agents are required to register with the Securities Division of the State of Washington

<u>Name:</u>	<u>License Type:</u>	<u>Insurance Lines:</u>
AGBAYANI, GLENN E	AGENT	Life, Disability
HAWKINS, JAMES L	AGENT	Life, Disability
HOWARD, NORMAN J	AGENT	Life, Disability
PALMQUIST, CAREN J	AGENT	Life, Disability
PUGEL, SUSAN M	AGENT	Life, Disability
SCOTT, DANIEL G	AGENT	Life, Disability
WILLIAMS, BRENT P	AGENT	Life, Disability
ZIRBEL, JANET M	AGENT	Life, Disability