

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000834

1. Entity Name

WHALEN & COMPANY, INC.

Principal Place of Business

Mailing Address

630 NO. ROSEMEAD BLVD
PASADENA CA 91107

630 NO. ROSEMEAD BLVD
PASADENA CA 91107

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 94-3273159

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.

SIGNATURE

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, 2001 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 P
NAME WHALEN, DANIEL A
STREET ADDRESS 3675 MT DIABLO BLVD., STE 360
CITY-ST-ZIP LAFAYETTE CA ☒ Delete

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

TITLE V
NAME BUSH, MICHAEL C
STREET ADDRESS 3675 MT DIABLO BLVD., STE 360
CITY-ST-ZIP LAFAYETTE CA ☐ Delete

TITLE PRESIDENT
NAME BUSH, MICHAEL C.
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE AS
NAME CASSEL, GARY R
STREET ADDRESS 3675 MT DIABLO BLVD., STE 360
CITY-ST-ZIP LAFAYETTE CA ☐ Delete

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

TITLE S
NAME LEMMON, RICHARD A
STREET ADDRESS 670 N ROSEMEAD BLVD
CITY-ST-ZIP PASADENA CA ☐ Delete

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

TITLE CFO/V
NAME JASKA, JAMES M
STREET ADDRESS 670 N ROSEMEAD BLVD
CITY-ST-ZIP PASADENA CA ☐ Delete

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

TITLE D
NAME HWANG, LI S
STREET ADDRESS 670 N ROSEMEAD BLVD
CITY-ST-ZIP PASADENA CA ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD A. LEMMON 5-2-01 626.351.4664 x404
SECRETARY

Date

Daytime Phone #

00053450



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)