

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90326 050 \*\*\*558.75

0670206 AB

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

**3475 E. Foothill Blvd. 3475 E. Foothill Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Pasadena, CA**

**Pasadena, CA**

Zip

Country

Zip

Country

**91107 U.S.**

**91107 U.S.**

4. FEI Number

**94-3273159**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS **3475 E. Foothill Blvd.**  
CITY-ST-ZIP **Pasadena, CA 91107**

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

TITLE ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS **3475 E. Foothill Blvd.**  
CITY-ST-ZIP **Pasadena, CA 91107**

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

TITLE ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS **3475 E. Foothill Blvd.**  
CITY-ST-ZIP **Pasadena, CA 91107**

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☒ Addition  
NAME **Treasurer**  
STREET ADDRESS **David W. King**  
CITY-ST-ZIP **3475 E. Foothill Blvd.**  
**Pasadena, CA 91107**

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:

**SIGNATURE REQUIRED**

**Richard A. Lemmon**  
**Secretary**

Date

Daytime Phone #

CR2E034 (10/02)