

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001749

1. Entity Name

CRG FINANCIAL SERVICES, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90153 007 ***150.00

Principal Place of Business 199 SOUTH LOS ROBLES AVE. SUITE 600 PASADENA CA 91101	Mailing Address 199 SOUTH LOS ROBLES AVE. SUITE 600 PASADENA CA 91101-2459
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 633 W. 5th Street Suite, Apt. #, etc. 52nd Floor City & State Los Angeles CA Zip 90071 Country USA	3. Mailing Address 633 W. 5th Street Suite, Apt. #, etc. 52nd Floor City & State Los Angeles CA Zip 90071 Country USA
--	--

4. FEI Number 95-4295824	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 _____ (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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFF-ANGELOFF, DANN C 199 SOUTH LOS ROBLES AVE. PASADENA CA 91101	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BENSINGER, DAVID 199 SOUTH LOS ROBLES AVE. PASADENA CA 91101	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C 633 W. Fifth Street, 52nd Floor Los Angeles, CA 90071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Imes, Brenda D. 633 W. Fifth Street, 52nd Floor Los Angeles, CA 90071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Brenda D. Imes 3/27/2000 213 438-6334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)