

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005156

1. Entity Name
WESTAR FINANCIAL SERVICES INCORPORATED

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90057 029 ***150.00

Principal Place of Business P.O. BOX 919 OLYMPIA WA 98507	Mailing Address P.O. BOX 919 OLYMPIA WA 98507-0919
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
Country	Country	Country	Country

4. FEI Number 91-1715252	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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRISTENSEN, ROBERT W JR. 505 EAST UNION, #300 OLYMPIA WA 98501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition see attached list
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DAVIS, JOEL I JR. 505 EAST UNION, #300 OLYMPIA WA 98501 <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	V KANATZAR, ROBERT E JR. 505 EAST UNION, #300 OLYMPIA WA 98501 <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	V KAY, CINDY A 505 EAST UNION, #300 OLYMPIA WA 98501 <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	V CAVANAUGH, SCOTT G 505 EAST UNION, #300 OLYMPIA WA 98501 <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	V KLAMERT, ROBERT P 505 EAST UNION, #300 OLYMPIA WA 98501 <input checked="" type="checkbox"/> Delete	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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00
Date

(360) 754-6227
Daytime Phone #

CR2E034 (9/99)

79 9000005756
00091291

Westar Financial Services Incorporated
Names and Addresses of Officers and Directors

		Business Address	Residence Address
Name:	Robert W. Christensen, Jr.	505 E. Union #300	1339 Summit Lake Shore Rd
Title:	President and Chairman	Olympia, WA 98501	Olympia, WA 98507
Name:	Joel I. Davis	505 E. Union #300	3316 S. McCormick
Title:	Director	Olympia, WA 98501	Olympia, WA 98501
Name:	Robert L. Lovely	505 E. Union #300	3202 Meander Lane
Title:	Director	Olympia, WA 98501	Olympia, WA 98502
Name:	Michael A. Price	505 E. Union #300	6416 Pacific Hwy E
Title:	Director	Olympia, WA 98501	Tacoma, WA 98424
Name:	Charles S. Seel	505 E. Union #300	3268 W. Lake Sammamish SE
Title:	Director & Secretary	Olympia, WA 98501	Bellevue, WA 98008
Name:	David C. Soward	505 E. Union #300	345 California Street, Suite 3300
Title:	Director	Olympia, WA 98501	San Francisco, CA 94104
Name:	Robert E. Kanatzar, Jr.	505 E. Union #300	2007 Castlerock Rd.
Title:	Senior Vice President- Risk Mgmt	Olympia, WA 98501	Houston, TX 77090
Name:	Cindy A. Kay	505 E. Union #300	2532 Cedar Park Lp SE
Title:	Vice President & Controller	Olympia, WA 98501	Olympia, WA 98501
Name:	Scott G. Cavanaugh	505 E. Union #300	2525 29th Ave. W
Title:	Vice President - Collections	Olympia, WA 98501	Seattle, WA 98199
Name:	Vicki Christensen	505 E. Union #300	8017 57th ST. W.
Title:	Vice President - IS	Olympia, WA 98501	University Place, WA 98467