

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05544

1. Entity Name

ASSOCIATED SECURITIES CORP.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90085 013 \*\*\*150.00

Principal Place of Business

5933 W. CENTURY BLVD.  
9TH FLOOR  
LOS ANGELES CA 90045  
US

Mailing Address

5933 W. CENTURY BLVD.  
9TH FLOOR  
LOS ANGELES CA 90045-5471  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-3793471

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301

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, 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          | PD                               | <input checked="" type="checkbox"/> Delete | TITLE          | PD                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | GAINSBOROUGH, PHILIP N.          |  | NAME           | Neal E. Nakagiri                 |  |
| STREET ADDRESS | 5933 W. CENTURY BLVD.; 9TH FLOOR |  | STREET ADDRESS | 5933 W. Century Blvd - 9th Floor |  |
| CITY-ST-ZIP    | LOS ANGELES CA                   |  | CITY-ST-ZIP    | Los Angeles, CA 90045            |  |
| TITLE          | VP                               | <input type="checkbox"/> Delete            | TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | ROBINSON, MAX                    |  | NAME           |                                  |  |
| STREET ADDRESS | 5933 W. CENTURY BLVD. 9TH FLOOR  |  | STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    | LOS ANGELES CA                   |  | CITY-ST-ZIP    |                                  |  |
| TITLE          | VPT                              | <input type="checkbox"/> Delete            | TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | LINDSEY, JOHN R                  |  | NAME           |                                  |  |
| STREET ADDRESS | 5933 W. CENTURY BLVD.; 9TH FLOOR |  | STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    | LOS ANGELES CA                   |  | CITY-ST-ZIP    |                                  |  |
| TITLE          | VPC                              | <input type="checkbox"/> Delete            | TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | NAKAGIRI, NEAL E.                |  | NAME           |                                  |  |
| STREET ADDRESS | 5933 W. CENTURY BLVD.; 9TH FLOOR |  | STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    | LOS ANGELES CA                   |  | CITY-ST-ZIP    |                                  |  |
| TITLE          | VPR                              | <input type="checkbox"/> Delete            | TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | SUJANANI, MURLI                  |  | NAME           |                                  |  |
| STREET ADDRESS | 5933 W. CENTURY BLVD; 9TH FLOOR  |  | STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    | LOS ANGELES CA                   |  | CITY-ST-ZIP    |                                  |  |
| TITLE          |                                  | <input type="checkbox"/> Delete            | TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                  |  | NAME           |                                  |  |
| STREET ADDRESS |                                  |  | STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  | CITY-ST-ZIP    |                                  |  |

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

John R. Lindsey

Date

Daytime Phone #

(310) 670.0800

CR20004 (UBR)