2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am Secretary of State **DOCUMENT # P21022** 1. Entity Name 05-15-2001 90181 023 ***150.00 WESTREC MANAGEMENT CLEARING COMPANY INCORPORATED Principal Place of Business Mailing Address 16633 VENTURA BLVD 16633 VENTURA BLVD SIXTH FLOOR SIXTH FLOOR MEASAN E F. W ENCINO CA 91436 ENCINO CA 91436 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEi Number Applied For 95-4143937 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ■ Addition TITLE ☐ Delete SACHS, MICHAEL M NAME NAME STREET ADDRESS STREET ADDRESS 16633 VENTURA BLVD CITY-ST-ZIP CITY-ST-ZIP ENCINO CA ☐ Change ☐ Addition ☐ Delete TITLE TITLE ANDERSON, WILLIAM W NAME NAME STREET ADDRESS 16633 VENTURA BLVD., 6TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ENCINO CA VPCO** ☐ Change ☐ Addition TITLE Delete TITLE ELLIS, JEFFREY K NAME NAME STREET ADDRESS STREET ADDRESS 16633 VENTURA BLVD., 6TH FLOOR CITY-ST-ZIP **ENCINO CA** CITY-ST-ZIP AS Change - : Addition TITLE ___Delete___ TITLE PASTORE, MARY NAME NAME STREET ADDRESS STREET ADDRESS 16633 VENTURA BLVD., 6TH FLOOR CITY-ST-ZIP CITY-ST-ZIP **ENCINO CA** TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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changed, or on an attachment with an address, with all other like empowered.

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