FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2002 8:00 am DOCUMENT # P93000061349 **Secretary of State** 1. Entity Name 01-31-2002 90049 028 ***158.75 THE WESTWIND GROUP, INC. Principal Place of Business Mailing Address ATTN: STEPHEN O. LABRECHE ATTN: STEPHEN O. LABRECHE 12555 HIGH BLUFF DR., SUITE 120 12555 HIGH BLUFF DR., SUITE 120 SAN DIEGO CA 92130 SAN DIEGO CA 92130 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0432504 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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City 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 FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 11. OFFICERS AND DIRECTORS 12. (9/01) DICEO Change TITLE TITLE CEO ☐ Delete NAME STRAUSS, MICHAEL L NAME CR2E034 STREET ADDRESS STREET ADDRESS 12555 HIGH BLUFF DR STE 120 CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92130 TIT! F ☐ Delete ☐ Change ☐ Addition NAME OSTRIE, WILLIAM S NAME STREET ADDRESS STREET ADDRESS 12555 HIGH BLUFF DRIVE STE 120 CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92130 TITLE Delete TITLE المن وصدي ومعادلا Change_ ☐ Addition phen O. I NAME LABRECHE, STEPHEN O NAME \$5 HIQN BING DUSC. 120 STREET ADDRESS STREET ADDRESS 12555 HIGH BLUFF DR, SUITE 120 CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92130 TITLE Delete TITLE ☐ Change ☐ Addition NAME CHRISTIANSEN, DEAN A NAME STREET ADDRESS TWO WALL STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10005** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

STATURE REQUIRED

STENATURE AND EXPECTOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

SIGNATURE:

17 02 (858) 481-300 x 224