2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P9700065488** May 19, 2000 8:00 am Secretary of State WESTWIND REAL ESTATE INVESTMENTS, INC. 05-19-2000 90058 045 ***158.75 Principal Place of Business Mailing Address 12555 HIGH BLUFF DRIVE 12555 HIGH BLUFF DRIVE SUITE 120 SUITE 120 SAN DIEGO CA 92130-2056 SAN DIEGO CA 92130 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 33-0771577 Not Applicable Country Zip 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_ CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code FL 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 9. 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, 2000 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. **D** 提供1例 3 関連な Change Addition ☐ Delete TITLE TITLE STRAUSS, MICHAEL L NAME NAME STREET ADDRESS 12555 HIGH BLUFF DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92130 CFO. Addition ☐ Defete ☐ Change TITLE **BROOKS-GONYER, GEORGE** NAME NAME STREET ADDRESS 12555 HIGH BLUFF DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92130 ☐ Defete Change Addition TITLE TITLE NAME STIDD. ANDREW L NAME STREET ADDRESS 25 W 43RD STREET STE 704 STREET ADDRESS CITY-ST-ZIE **NEW YORK NY 10036** CITY-ST-ZIP Change Addition ☐ Delete TITLE OSTRIE. WILLIAM S NAME NAME STREET ADDRESS 12555 HIGH BLUFF DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SAN DIEGO CA 92130 Change ☐ Addition DVS ☐ Delete TITLE TITLE LABRECHE, STEPHEN:O NAME NAME STREET ADDRESS 12555 HIGH BLUFF DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SAN DIEGO CA 92130 ☐ Addition ☐ Change Delete TITLE TITLE 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:

Stephen-O. LaBreche

(858) 481-3200

Daytime Phone #