

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # V20936**

1. Entity Name  
**WESTERN GENERAL WARRANTY CORPORATION**



Principal Place of Business  
**5230 LAS VIRGENES ROAD  
SUITE 100  
CALABASAS, CA 91302-3447 US**

Mailing Address  
**5230 LAS VIRGENES ROAD  
SUITE 100  
CALABASAS, CA 91302-3447 US**

**DO NOT WRITE IN THIS SPACE**



02082005 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3126230**

Applied For  
Not Applicable

5. Certificate of Status Desired **XX** **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MANG LAW FIRM, PA  
660 E. JEFFERSON ST.  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**PD  
EHRlich, ROBERT M  
4900 SUMMIT VIEW DR.  
WESTLAKE, CA**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**VD  
MALLUT, DANIEL  
24242 PARK ATHENA  
CALABASAS, CA**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**SD  
KUSHNER, MARLEEN F  
3547 CORDOVA DR.  
CALABASAS, CA**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**TD  
BRENTS, PATSY A  
7381 WEBB RD  
CHATSWORTH, CA**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

UN0000434621  
02/25/06-80009-013 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other I's empowered.

SIGNATURE:

*Marleen Kushner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Marleen Kushner, Secretary Feb. 9, 2006**

Date

Daytime Phone #