

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90111 031 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 823957

1. Entity Name
PACIFIC SELECT DISTRIBUTORS, INC.



Principal Place of Business
700 NEWPORT CENTER DR.
P. O. BOX 9000
NEWPORT BEACH, CA 92658

Mailing Address
700 NEWPORT CENTER DR.
P. O. BOX 9000
NEWPORT BEACH, CA 92658

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

95-2594489

Applied For

Not Applicable

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

NRAI SERVICES, INC.
526 EAST PARK AVENUE
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. 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 resigning)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Delete
NAME MILFS, AUDREY L
STREET ADDRESS 700 NEWPORT CENTER DR
CITY-ST-ZIP NEWPORT BCH, CA

TITLE P ☐ Delete
NAME DIXON, JOHN L
STREET ADDRESS 700 NEWPORT CENTER DRIVE
CITY-ST-ZIP NEWPORT BEACH, CA 92660

TITLE D ☐ Delete
NAME BYRD, EDWARD R
STREET ADDRESS 700 NEWPORT CENTER DRIVE
CITY-ST-ZIP NEWPORT BEACH, CA 92660

TITLE D ☐ Delete
NAME DIXON, JOHN L
STREET ADDRESS 700 NEWPORT CENTER DRIVE
CITY-ST-ZIP NEWPORT BEACH, CA 92660

TITLE VP ☐ Delete
NAME POFF, JOHN W
STREET ADDRESS 700 NEWPORT CENTER DRIVE
CITY-ST-ZIP NEWPORT BEACH, CA 92660

TITLE D ☐ Delete
NAME GERALD W. ROBINSON
STREET ADDRESS 700 NEWPORT CENTER
CITY-ST-ZIP NEWPORT BEACH, CA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Audrey L. Miles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
AUDREY L. MILES, SECRETARY

4/09/2003

Date

Daytime Phone #

CR2EC34 (10/02)