

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90026 044 \*\*\*150.00

**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**

**94048056**



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**95-2594489**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>S</b>
NAME	<b>MILFS, AUDREY L</b>
STREET ADDRESS	<b>700 NEWPORT CENTER DR</b>
CITY - ST - ZIP	<b>NEWPORT BCH, CA</b>
TITLE	<b>P</b>
NAME	<b>DIXON, JOHN L</b>
STREET ADDRESS	<b>700 NEWPORT CENTER DRIVE</b>
CITY - ST - ZIP	<b>NEWPORT BEACH, CA 92660</b>
TITLE	<b>D</b>
NAME	<b>BYRD, EDWARD R</b>
STREET ADDRESS	<b>700 NEWPORT CENTER DRIVE</b>
CITY - ST - ZIP	<b>NEWPORT BEACH, CA 92660</b>
TITLE	<b>D</b>
NAME	<b>DIXON, JOHN L</b>
STREET ADDRESS	<b>700 NEWPORT CENTER DRIVE</b>
CITY - ST - ZIP	<b>NEWPORT BEACH, CA 92660</b>
TITLE	<b>VP</b>
NAME	<b><del>POFF, JOHN W</del> - WIRTHLIN, R. LEE</b>
STREET ADDRESS	<b>700 NEWPORT CENTER DRIVE</b>
CITY - ST - ZIP	<b>NEWPORT BEACH, CA 92660</b>
TITLE	<b>D</b>
NAME	<b>GERALD W. ROBINSON</b>
STREET ADDRESS	<b>700 NEWPORT CENTER</b>
CITY - ST - ZIP	<b>NEWPORT BEACH, CA</b>

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**R. LEE WIRTHLIN, VICE PRESIDENT**

**04/02/2004**

Date

Daytime Phone #