## 2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0400000990

Entity Name: BANCWEST INVESTMENT SERVICES, INC.

**Current Principal Place of Business:** 

13220 CALIFORNIA STREET OMAHA, NE 68154

**Current Mailing Address:** 

1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

FEI Number: 13-3618472 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

City-State-Zip:

Electronic Signature of Registered Agent Date

City-State-Zip:

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title T

Name FUJINAGA, JAMES Name STASTNY, ROBERT

Address 180 MONTGMERY STREET Address 13220 CALIFORNIA STREET

25TH FLOOR

SAN FRANCISCO CA 94104

Title D

Title ACS

Name WYATT, VAWN P Name MARKUS, MAURA

Address 180 MONTGOMERY STREET 180 MONTGOMERY STREET 25TH FLOOR

ATTN: BOW LEGAL DEPT

City-State-Zip: SAN FRANCISCO CA 94104

Title SECRETARY Title DIRECTOR/CHAIRMAN

Name BAHNKEN, JOHN Name HAWKINS, STEVEN

Address 180 MONTGOMERY STREET

Address 300 S. GRAND AVE 25TH FLOOR

City-State-Zip: LOS ANGELES CA 90071 City-State-Zip: SANFRANCISCO CA 94104

Title DIRECTOR Title DIRECTOR

Name HARRISON, ROBERT Name DAYAL, DUKE

Address 999 BISHOP STREET Address 180 MONTGOMERY STREET

25TH FLOOR

OMAHA NE 68154

City-State-Zip: HONOLULU HI 96813 City-State-Zip: SAN FRANCISCO CA 94104

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VAWN P WYATT ASSISTANT SECRETARY 04/05/2013

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 05, 2013

**Secretary of State** 

CC3393512520

## Officer/Director Detail Continued:

Title DIRECTOR

Name HARMENING, ANDY

Address 180 MONTGOMERY STREET

25TH FLOOR

City-State-Zip: SAN FRANCISCO CA 94104

Title DIRECTOR

Name ONO, RAYMOND

Address 999 BISHOP STREET

City-State-Zip: HONOLULU HI 96813

Title DIRECTOR

Name ARIZUMI, ALAN

Address 999 BISHOP STREET

City-State-Zip: HONOLULU HI 96813

Title DIRECTOR

Name OYADOMORI, MARK

Address 98-1071 MOANALUA ROAD

City-State-Zip: AIEA HI 96701