2014 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

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	т	Title	ACS	
Name	STASTNY, ROBERT	Name	WYATT, VAWN P	
Address	13220 CALIFORNIA STREET	Address	180 MONTGOMERY STREET	
City-State-Zip:	OMAHA NE 68154	City-State-Zip:	ATTN: BOW LEGAL DEPT SAN FRANCISCO CA 94104	
Title	D	Title	SECRETARY	
Name	MARKUS, MAURA	Name	HAWKINS, STEVEN	
Address	180 MONTGOMERY STREET	Address	300 S. GRAND AVE	
City-State-Zip:	25TH FLOOR SAN FRANCISCO CA 94104	City-State-Zip:	LOS ANGELES CA 90071	
Title	DIRECTOR/CHAIRMAN	Title	DIRECTOR	
Name	BAHNKEN, JOHN	Name	HARRISON, ROBERT	
Address	180 MONTGOMERY STREET	Address	999 BISHOP STREET	
City-State-Zip:	25TH FLOOR SANFRANCISCO CA 94104	City-State-Zip:	HONOLULU HI 96813	
		Title	DIRECTOR	
Title	DIRECTOR	Name	HARMENING, ANDY	
Name		Address	180 MONTGOMERY STREET	
Address	180 MONTGOMERY STREET 25TH FLOOR	City Stata Zin	25TH FLOOR SAN FRANCISCO CA 94104	
City-State-Zip:	SAN FRANCISCO CA 94104	City-State-Zip:	SAN FRANCISCO CA 94104	
		Continuos	n nago 3	

Continues on page 2

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

04/08/2014 ASSISTANT SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

Date

FILED Apr 08, 2014 Secretary of State CC7985061202

Certificate of Status Desired: Yes

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	ARIZUMI, ALAN	Name	ONO, RAYMOND
Address	999 BISHOP STREET	Address	999 BISHOP STREET
City-State-Zip:	HONOLULU HI 96813	City-State-Zip:	HONOLULU HI 96813
Title	DIRECTOR	Title	PRESIDENT, DIRECTOR
Title Name	DIRECTOR OYADOMORI, MARK	Title Name	PRESIDENT, DIRECTOR NIEMI, DALE
			NIEMI, DALE 4400 MACARTHUR BLVD
Name	OYADOMORI, MARK	Name	NIEMI, DALE