

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000000990

**Entity Name:** BANCWEST INVESTMENT SERVICES, INC.

**Current Principal Place of Business:**

13220 CALIFORNIA STREET  
OMAHA, NE 68154

**FILED**  
**Mar 12, 2019**  
**Secretary of State**  
**6417057424CC**

**Current Mailing Address:**

180 MONTGOMERY STREET  
8TH FLOOR  
SAN FRANCISCO, CA 94104 US

**FEI Number: 13-3618472**

**Certificate of Status Desired: No**

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           BIEL, ROLLIN  
Address        13220 CALIFORNIA STREET  
City-State-Zip: OMAHA NE 68154

Title           ASST. SECRETARY  
Name           CRUSOE, JENNIFER  
Address        180 MONTGOMERY STREET  
                ATTN: BOW LEGAL DEPT  
City-State-Zip: SAN FRANCISCO CA 94104

Title           PRESIDENT, DIRECTOR  
Name           DUBENDORF, DARIN  
Address        13220 CALIFORNIA STREET  
City-State-Zip: OMAHA NE 68154

Title           CHAIRMAN, DIRECTOR  
Name           RAMADIER, PIERRE  
Address        13220 CALIFORNIA STREET  
City-State-Zip: OMAHA NE 68154

Title           DIRECTOR  
Name           DUBENDORF, DARIN  
Address        CALIFORNIA STREET  
City-State-Zip: OMAHA NE 68154

Title           DIRECTOR  
Name           ANTIGILIO, XAVIER  
Address        13220 CALIFORNIA STREET  
City-State-Zip: OMAHA NE 68154

Title           DIRECTOR  
Name           BAILEY, RYAN  
Address        13220 CALIFORNIA STREET  
City-State-Zip: OMAHA NE 68154

Title           DIRECTOR  
Name           HOFFMAN, JEFF  
Address        13220 CALIFORNIA STREET  
City-State-Zip: OMAHA NE 68154

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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: JENNIFER CRUSOE**

**ASSISTANT SECRETARY   03/12/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           NELSON, KRISTIN  
Address        13220 CALIFORNIA STREET  
City-State-Zip: OMAHA NE 68154

Title           SECRETARY  
Name           HAWKINS, STEVEN  
Address        300 S. GRAND AVE  
City-State-Zip: LOS ANGELES CA 90071