

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000990

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: BANCWEST INVESTMENT SERVICES, INC.

**Current Principal Place of Business:**

1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

**New Mailing Address:**

FEI Number: 13-3618472      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GRUBB, BRAD  
Address: 13505 CALIFORNIA STREET  
City-St-Zip: OMAHA, NE 68154

Title: T ( ) Delete  
Name: STASTNY, ROBERT  
Address: 13505 CALIFORNIA STREET  
City-St-Zip: OMAHA, NE 68154

Title: SEC ( ) Delete  
Name: IKEDA, GUY  
Address: 180 MONTGOMERY STREET, 14TH FLOOR  
City-St-Zip: SAN FRANCISCO, CA 94104

Title: ACS ( ) Delete  
Name: WYATT, VAWN P  
Address: 180 MONTGOMERY STREET, 14TH FLOOR  
City-St-Zip: SAN FRANCISCO, CA 94104

Title: D ( ) Delete  
Name: FULCONIS, THIBAUT  
Address: 1450 TREAT BLVD  
City-St-Zip: WALNUT CREEK, CA 94597

Title: D ( ) Delete  
Name: GRUBB, BRAD  
Address: 13505 CALIFORNIA STREET  
City-St-Zip: OMAHA, NE 68154

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VAWN P. WYATT

ACS

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date