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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 601058

1. Corporation Name
YAFFEY ASSET SUBSIDIARY, INC.

Principal Place of Business	Mailing Address
~~23848 HAWTHORNE BLVD #200 TORRANCE CA 90505.~~ US	~~23848 HAWTHORNE BLVD #200 TORRANCE CA 90505~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 06/05/1969

2. Principal Place of Business	2a. Mailing Address
21 21535 Hawthorne Bl.	26 21535 Hawthorne Bl.
Suite, ~~Apt. #, etc.~~ 22 200	Suite, ~~Apt. #, etc.~~ 27 200
City & State 23 Torrance, CA	City & State 28 Torrance, CA
Zip 24 90503 Country 25 U.S.A	Zip 29 90503 Country 30 U.S.A.

4. FEI Number: 59-1263742 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Robert Chilton — 1/25/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~I~~	☑ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	~~ROBERT S CHILTON~~		1.2 NAME		
STREET ADDRESS	~~23848 HAWTHORNE BLVD #200~~		1.3 STREET ADDRESS		
CITY-ST-ZIP	~~TORRANCE CA 90505~~		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE	PDT	☑ Change ☐ Addition
NAME	SAM WESTOVER		2.2 NAME		
STREET ADDRESS	~~23848 HAWTHORNE BLVD #200~~		2.3 STREET ADDRESS	21535 Hawthorne Bl., Ste. 200	
CITY-ST-ZIP	~~TORRANCE CA 90505~~		2.4 CITY-ST-ZIP	Torrance, CA 90503	
TITLE	VSD	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	PAUL H HAYASE		3.2 NAME		
STREET ADDRESS	~~23848 HAWTHORNE BLVD #200~~		3.3 STREET ADDRESS	21535 Hawthorne Bl., Ste. 200	
CITY-ST-ZIP	~~TORRANCE CA 90505~~		3.4. CITY-ST-ZIP	Torrance, CA 90503	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul H. Hayase — 4/30/99 — 310 792-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)