

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 26 PM 3: 07

DOCUMENT # **849672** (1)
1. Corporation Name
SECURITY PACIFIC BUSINESS CREDIT INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
10089 WILLOW CREEK ROAD **10089 WILLOW CREEK ROAD**
ATTN: TAX DEPT./4400 **ATTN: TAX DEPT./4400**
SAN DIEGO CA 92131 **SAN DIEGO CA 92131**
US **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/09/1981** 3a. Date of Last Report **04/29/1994**

4. FEI Number **95-3639991** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 Attn: Tax Dept., #24400
23 Zip Country 28 City & State
24 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BELL, CHARLES
STREET ADDRESS	555 CALIFORNIA ST.
CITY-ST-ZIP	SAN FRANCISCO CA
TITLE	PD
NAME	MADRESH, RICHARD W.
STREET ADDRESS	10124 OLD GROVE ROAD
CITY-ST-ZIP	SAN DIEGO CA
TITLE	S
NAME	SOROKIN, CHERYL A.
STREET ADDRESS	555 CALIFORNIA STREET
CITY-ST-ZIP	SAN FRANCISCO CA
TITLE	V
NAME	CHAN-SHAFFER, CLAUDIA
STREET ADDRESS	10089 WILLOW CREEK ROAD
CITY-ST-ZIP	SAN DIEGO CA
TITLE	D
NAME	RAMBO, BARBARA L.
STREET ADDRESS	355 MADISON AVE.
CITY-ST-ZIP	NEW YORK NY
TITLE	VT
NAME	LINDSEY, ANN
STREET ADDRESS	10124 OLD GROVE ROAD
CITY-ST-ZIP	SAN DIEGO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	560 Davis Street
5.4 CITY-ST-ZIP	San Francisco, CA 94110
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Farrell, Thomas J.
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *Claudia Chan-Shaffer* **Claudia Chan-Shaffer, Vice President** 4/17/95 (619)530-9539
DATE ANYTIME FLORIDA