

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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



Principal Place of Business 10089 WILLOW CREEK ROAD ATTN: TAX DEPT./4400 SAN DIEGO CA 92131 US	Mailing Address 10089 WILLOW CREEK ROAD ATTN: TAX DEPT. #24400 SAN DIEGO CA 92131-1603 US
--	---

3. Date Incorporated or Qualified 07/09/1981	3a. Date of Last Report 03/11/1996
4. FEI Number 95-3639991	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 <i>P.O. Box 31000</i>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <i>c/o TAX DEPT # 10067-SP</i>
City & State 23	City & State 28 <i>SAN FRANCISCO, CA</i>
Zip 24	Country 25
Zip 29 <i>94137</i>	Country 30 <i>US</i>

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**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BELL, CHARLES
STREET ADDRESS	555 CALIFORNIA ST. SAN FRANCISCO CA
CITY-ST-ZIP	SAN FRANCISCO CA
TITLE	PD <input type="checkbox"/> DELETE
NAME	MADRESH, RICHARD W.
STREET ADDRESS	10124 OLD GROVE ROAD SAN DIEGO CA
CITY-ST-ZIP	SAN DIEGO CA
TITLE	S <input type="checkbox"/> DELETE
NAME	SOROKIN, CHERYL A.
STREET ADDRESS	555 CALIFORNIA STREET SAN FRANCISCO CA
CITY-ST-ZIP	SAN FRANCISCO CA
TITLE	V <input type="checkbox"/> DELETE
NAME	CHAN-SHAFFER, CLAUDIA
STREET ADDRESS	10089 WILLOW CREEK ROAD SAN DIEGO CA
CITY-ST-ZIP	SAN DIEGO CA
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	RAMBO, BARBARA L
STREET ADDRESS	580 DAVIS ST SAN FRANCISCO CA
CITY-ST-ZIP	SAN FRANCISCO CA
TITLE	VT <input checked="" type="checkbox"/> DELETE
NAME	FARRELL, THOMAS J.
STREET ADDRESS	10124 OLD GROVE ROAD SAN DIEGO CA
CITY-ST-ZIP	SAN DIEGO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANNE MARIAN CANNON
1.3 STREET ADDRESS	499 MARKET ST
1.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94137
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Sandra B. Mortham* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: **4/19/97** **4157622-2500**
Daytime Phone: **CONTACT**

CR2E034 (9/96)