

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

**FILED**

**Feb 12 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 # F95000000199 (8)**

1. Corporation Name  
**FIRST ALLIANCE MORTGAGE COMPANY**



Principal Place of Business  
**17305 VON KARMAN AVE  
IRVINE CA 92714-203  
US**

Mailing Address  
**17305 VON KARMAN AVE  
IRVINE CA 92614-6203  
US**

3. Date Incorporated or Qualified <b>01/12/1995</b>	3a. Date of Last Report <b>02/28/1996</b>
4. FEI Number <b>95-2944875</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. <b>92614-6203</b>	29. <b>92614-6203</b>
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**THE PRENTICE HALL CORPORATION SYSTEM, INC.  
110 N. MAGNOLIA ST  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PDCE	<input type="checkbox"/> DELETE
NAME	CHISICK, BRIAN	
STREET ADDRESS	17305 VON KARMAN AVE	
CITY-ST-ZIP	IRVINE CA 03	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHISICK, SARAH	
STREET ADDRESS	17305 VON KARMAN AVE	
CITY-ST-ZIP	IRVINE CA 03	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TOM, PEGGY	
STREET ADDRESS	17305 VON KARMAN AVE	
CITY-ST-ZIP	IRVINE CA 03	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOLLONG, BRUCE	
STREET ADDRESS	17305 VON KARMAN AVE	
CITY-ST-ZIP	IRVINE CA 03	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SMITH, JEFFREY	
STREET ADDRESS	17305 VON KARMAN AVE	
CITY-ST-ZIP	IRVINE CA 03	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SULLIVAN, PATTY	
STREET ADDRESS	17305 VON KARMAN AVE	
CITY-ST-ZIP	IRVINE CA 03	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VT	EXECUTIVE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		CFO	
1.3 STREET ADDRESS		MARK MASON	
1.4 CITY-ST-ZIP		17305 VON KARMAN AVENUE IRVINE, CA	
2.1 TITLE	VS	VICE PRESIDENT, GENERAL COUNSEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		EDWIN C. SUMMERS	
2.3 STREET ADDRESS		17305 VON KARMAN AVENUE	
2.4 CITY-ST-ZIP		IRVINE, CA	
3.1 TITLE	V	VICE PRESIDENT, FINANCE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		JOHN MICHEL	
3.3 STREET ADDRESS		17305 VON KARMAN AVENUE	
3.4 CITY-ST-ZIP		IRVINE, CA	
4.1 TITLE	V	VICE PRESIDENT, LOAN SERVICE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		BEVERLY ALLEN	
4.3 STREET ADDRESS		17305 VON KARMAN AVENUE	
4.4 CITY-ST-ZIP		IRVINE, CA	
5.1 TITLE	V	VICE PRESIDENT, PROCESSING & DISBURSEMENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		CATALINA ALVAREZ	
5.3 STREET ADDRESS		17305 VON KARMAN AVENUE	
5.4 CITY-ST-ZIP		IRVINE, CA	
6.1 TITLE	V	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		RANDY MCPHILLIPS	
6.3 STREET ADDRESS		17305 VON KARMAN AVENUE	
6.4 CITY-ST-ZIP		IRVINE, CA	

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: *Brian Chisick* **BRIAN CHISICK, PRESIDENT** 1/31/97 (714)224-6500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)