

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F95000003757 (0)  
1. Corporation Name

SOUTHERN PACIFIC FUNDING CORPORATION



Principal Place of Business

6800 INDIANA AVE., #110  
RIVERSIDE CA 92506

Mailing Address

6800 INDIANA AVE., #110  
RIVERSIDE CA 92506

2. Principal Place of Business		2a. Mailing Address	
21	Centerpointe Drive Suite, Apt. #, etc.	26	Centerpointe Drive Suite, Apt. #, etc.
22	Suite 500	27	Suite 500
23 City & State LAKE OSWEGO, OR		28 City & State LAKE OSWEGO, OR	
24	Zip 97035	29	Zip 97035
25	Country U.S.A.	30	Country U.S.A.

3. Date Incorporated or Qualified 08/03/1995	3a. Date of Last Report
4. FEI Number 33-0636924	Applied For 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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

Signature of Agent or person filing this report (Last, first, initial)

Signature of Registered Agent or representative of filing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNAVELY, H W	1.2 NAME	
STREET ADDRESS	20371 IRVINE AVE., #104	1.3 STREET ADDRESS	
CITY - ST - ZIP	SANTA ANA HEIGHTS CA 92707	1.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMKINSON, JOSEPH R	2.2 NAME	
STREET ADDRESS	20371 IRVINE AVE., #104	2.3 STREET ADDRESS	
CITY - ST - ZIP	SANTA ANA HEIGHTS CA 92707	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASTER, PAUL	3.2 NAME	
STREET ADDRESS	20371 IRVINE AVE., #104	3.3 STREET ADDRESS	
CITY - ST - ZIP	SANTA ANA HEIGHTS CA 92707	3.4 CITY - ST - ZIP	
TITLE	VCFO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLARD, EDWARD L	4.2 NAME	
STREET ADDRESS	20371 IRVINE AVE., #104	4.3 STREET ADDRESS	
CITY - ST - ZIP	SANTA ANA HEIGHTS CA 92707	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 119.07(3)(c), 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 change I, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Fragzitta

(503) 484-4700

Telephone Prefix #

CR2E034 (12/95)