

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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90238 003 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F95000003757

1. Corporation Name  
**SOUTHERN PACIFIC FUNDING CORPORATION**



Principal Place of Business  
 1 CENTERPOINTE DR  
 SUITE 500  
 LAKE OSWEGO OR 97035  
 US

Mailing Address  
 1 CENTERPOINTE DR  
 SUITE 500  
 LAKE OSWEGO OR 97035  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 1 Centerpointe Drive  
 Suite, Apt. #, etc.  
 22 Suite 551  
 City & State  
 23 Lake Oswego, OR  
 Zip Country  
 24 97035 25 U.S.A.

2a. Mailing Address  
 26 1 Centerpointe Drive  
 Suite, Apt. #, etc.  
 27 Suite 551  
 City & State  
 28 Lake Oswego, OR  
 Zip Country  
 29 97035 30 U.S.A.

3. Date Incorporated or Qualified  
**08/03/1995**

4. FEI Number  
**33-0636924** 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

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

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

10. Name and Address of New Registered Agent

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, 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	<b>DCEO</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SNAVELY, H W</b>	1.2 NAME	<b>Kevin D. Padrick</b>
STREET ADDRESS	<b>20371 IRVINE AVE., #104</b>	1.3 STREET ADDRESS	<b>PO Box 3510</b>
CITY-ST-ZIP	<b>SANTA ANA HEIGHTS CA 92707</b>	1.4 CITY-ST-ZIP	<b>Sunriver, OR 97707</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOWARD, ROBERT</b>	2.2 NAME	<b>Wendy B. Oliver</b>
STREET ADDRESS	<b>1 CENTERPOINTE DR STE 500</b>	2.3 STREET ADDRESS	<b>2035 SE 76th Ave.</b>
CITY-ST-ZIP	<b>LAKE OSWEGO OR</b>	2.4 CITY-ST-ZIP	<b>Portland, OR 97215</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GUY, BARNEY</b>	3.2 NAME	<b>Timothy A. Breedlove</b>
STREET ADDRESS	<b>1 CENTERPOINTE DR STE 500</b>	3.3 STREET ADDRESS	<b>1281 Tyndall Court</b>
CITY-ST-ZIP	<b>LAKE OSWEGO OR</b>	3.4 CITY-ST-ZIP	<b>Lake Oswego, OR 97034</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TOBIN, MARK</b>	4.2 NAME	<b>E. James Hedemark</b>
STREET ADDRESS	<b>1 CENTERPOINTE DR STE 500</b>	4.3 STREET ADDRESS	<b>1522 Silver Trail</b>
CITY-ST-ZIP	<b>LAKE OSWEGO OR</b>	4.4 CITY-ST-ZIP	<b>Napa, CA 94558</b>
TITLE	<b>CFO</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MAKOWICCKI, PETER F</b>	5.2 NAME	<b>Timothy J. Galligan</b>
STREET ADDRESS	<b>ONE CENTERPOINT DR, SUITE 500</b>	5.3 STREET ADDRESS	<b>2 Woodhill Drive</b>
CITY-ST-ZIP	<b>OAKE OSWEGO OR 97035</b>	5.4 CITY-ST-ZIP	<b>Redwood City, CA 94061</b>
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 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:

*John M. Breedlove*  
**JOHN M. BREEDLOVE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

Date

(503)684-6316

Daytime Phone #

CR2E034 (11/98)