

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northing Secretary of State DIVISION OF CORPORATIONS
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APPROVED
AND
FILED

95 APR 18 PM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P05544** (2)

1. Corporation Name
ASSOCIATED SECURITIES CORP.

Principal Place of Business 1825 CENTURY PARK E. #1900 LOS ANGELES CA 90067	Mailing Address 1825 CENTURY PARK E. #1900 LOS ANGELES CA 90067
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5933 W. Century Blvd Suite, Apt. #, etc 9th Floor City & State Los Angeles, CA Zip 90045		2a. Mailing Address 26 5933 W. Century Blvd. Suite, Apt. #, etc 9th Floor City & State Los Angeles, CA Zip 90045		3. Date Incorporated or Qualified 04/02/1985		3a. Date of Last Report 03/30/1994	
				4. FBI Number 95-3793471		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 activity for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No			

8. Name and Address of Current Registered Agent PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent N/A			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 person to be appointed agent, and if the corporation is a partnership, the signature of the partner designated as agent.)

(Signature of Registered Agent (signature required) when filing this report.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME GAINSBOROUGH, PHILIP N.	1.1 TITLE ☒ Change ☐ Addition	
STREET ADDRESS 1925 CENTURY PARK E 1900		1.2 NAME	
CITY, ST, ZIP LOS ANGELES CA		1.3 STREET ADDRESS 5933 W. Century Blvd., 9th Floor	
		1.4 CITY, ST, ZIP Los Angeles, CA 90045	
TITLE PD	NAME HAAS, WILLIAM T.	2.1 TITLE ☒ Change ☐ Addition	
STREET ADDRESS 1925 CENTURY PARK E 1900		2.2 NAME	
CITY, ST, ZIP LOS ANGELES CA		2.3 STREET ADDRESS 5933 W. Century Blvd. 9th Floor	
		2.4 CITY, ST, ZIP Los Angeles, CA 90045	
TITLE P	NAME RUIZ, LUIS R	3.1 TITLE ☒ Change ☐ Addition	
STREET ADDRESS 1925 CENTURY PARK E 1900		3.2 NAME	
CITY, ST, ZIP LOS ANGELES CA		3.3 STREET ADDRESS 5933 W. Century Blvd. 9th Floor	
		3.4 CITY, ST, ZIP Los Angeles, CA 90045	
TITLE VPT	NAME CLARK, MICHAEL	4.1 TITLE ☒ Change ☐ Addition	
STREET ADDRESS 1925 CENTURY PARK E 1900		4.2 NAME	
CITY, ST, ZIP LOS ANGELES CA		4.3 STREET ADDRESS 5933 W. Century Blvd., 9th Floor	
		4.4 CITY, ST, ZIP Los Angeles, CA 90045	
TITLE VPC	NAME NAKAGIRI, NEAL E.	5.1 TITLE ☒ Change ☐ Addition	
STREET ADDRESS 1925 CENTURY PARK E 1900		5.2 NAME	
CITY, ST, ZIP LOS ANGELES CA		5.3 STREET ADDRESS 5933 W. Century Blvd., 9th Floor	
		5.4 CITY, ST, ZIP Los Angeles, CA 90045	
TITLE VPR	NAME SUJANANI, MURLI	6.1 TITLE ☒ Change ☐ Addition	
STREET ADDRESS 1925 CENTURY PARK E 1900		6.2 NAME	
CITY, ST, ZIP LOS ANGELES CA		6.3 STREET ADDRESS 5933 W. Century Blvd. 9th Floor	
		6.4 CITY, ST, ZIP Los Angeles, CA 90045	

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)(b), 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 187, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 

NEAL E. NAKAGIRI, VP/General Counsel

4/10/95 (310) 670-0800
Date (Telephone Number)