FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 AM 9:12

DOCUMENT # **P09806** (1)

1. Corporation Name
FREMONT FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
2020 SANTA MONICA BOULEVARD. #600 PO BOX 2430 (ZIP 90407-2430) SANTA MONICA CA 90404-9023	2020 SANTA MONICA BOULEVARD. #600 PO BOX 2430 (ZIP 90407-2430) SANTA MONICA CA 90404-9023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/16/1986**
3a. Date of Last Report: **04/19/1994**

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

4. FEI Number: **94-1701707** ☐ 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 has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	TENNEY, ROBERT N.	12 NAME		
STREET ADDRESS	2020 SANTA MONICA BL 600	13 STREET ADDRESS		
CITY-ST-ZIP	SANTA MONICA CA	14 CITY-ST-ZIP		
TITLE	~~SVT~~	21 TITLE	VT	☐ Change ☐ Addition
NAME	LAMB, PATRICK E.	22 NAME		
STREET ADDRESS	2020 SANTA MONICA BL 600	23 STREET ADDRESS		
CITY-ST-ZIP	SANTA MONICA CA	24 CITY-ST-ZIP		
TITLE	~~SV~~	31 TITLE	V	☐ Change ☐ Addition
NAME	LONG, KATHLEEN T.	32 NAME		
STREET ADDRESS	2020 SANTA MONICA BL 600	33 STREET ADDRESS		
CITY-ST-ZIP	SANTA MONICA CA	34 CITY-ST-ZIP		
TITLE	~~SV~~	41 TITLE	S	☐ Change ☐ Addition
NAME	FAIGIN, ALAN	42 NAME		
STREET ADDRESS	2020 SANTA MONICA BL 600	43 STREET ADDRESS		
CITY-ST-ZIP	SANTA MONICA CA	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	RAMPINO, LOUIS J.	52 NAME		
STREET ADDRESS	2020 SANTA MONICA BL 600	53 STREET ADDRESS		
CITY-ST-ZIP	SANTA MONICA CA	54 CITY-ST-ZIP		
TITLE	CD	61 TITLE		☐ Change ☐ Addition
NAME	MCINTYRE, J. A.	62 NAME		
STREET ADDRESS	2020 SANTA MONICA BL 600	63 STREET ADDRESS		
CITY-ST-ZIP	SANTA MONICA CA	64 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)(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 added on an attachment with an address.

SIGNATURE: _____ Patrick E. Lamb, Treasurer 310-315-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0402731 FP