

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90015 011 \*\*\*150.00

03/04/99

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P17884**

1. Corporation Name  
**THE STRUCTURED SETTLEMENTS COMPANY, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 800 W SIXTH ST, 17TH FLOOR, LOS ANGELES CA. 90017 US  
 Mailing Address: 800 W SIXTH ST, 17TH FLOOR, LOS ANGELES FL 90017 US

3. Date Incorporated or Qualified: **02/03/1988**  
 4. FEI Number: **95-4134668**  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**BEVERLY LLOYD**  
**9800 4TH STREET, N.**  
**SUITE 200**  
**ST. PETERSBURG FL 33702**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                  |
|----------------------------|---------------------------------|---|------------------|
| TITLE                      | PD                              | 1.1 TITLE   | CBO              |
| NAME                       | GERALD J SULLIVAN               | 1.2 NAME  |                  |
| STREET ADDRESS             | 800 W SIXTH STREET, 18TH FLOOR  | 1.3 STREET ADDRESS                                    |                  |
| CITY-ST-ZIP                | LOS ANGELES CA                  | 1.4 CITY-ST-ZIP                                       |                  |
| TITLE                      | DCOO                            | 2.1 TITLE   | President        |
| NAME                       | RUGGLES, MARK                   | 2.2 NAME  |                  |
| STREET ADDRESS             | 800 W 6TH STREET, 17TH FLOOR    | 2.3 STREET ADDRESS                                    |                  |
| CITY-ST-ZIP                | LOS ANGELES CA                  | 2.4 CITY-ST-ZIP                                       |                  |
| TITLE                      | DCFO                            | 3.1 TITLE   |                  |
| NAME                       | BOTHAMLEY, ROBERT               | 3.2 NAME  |                  |
| STREET ADDRESS             | 800 WE SIXTH ST 18TH FL         | 3.3 STREET ADDRESS                                    |                  |
| CITY-ST-ZIP                | LOS ANGELES CA 90017            | 3.4 CITY-ST-ZIP                                       |                  |
| TITLE                      | DVP                             | 4.1 TITLE   |                  |
| NAME                       | WILLIAM R CURTIS                | 4.2 NAME  |                  |
| STREET ADDRESS             | 800 WEST 6TH STREET, 18TH FLOOR | 4.3 STREET ADDRESS                                    |                  |
| CITY-ST-ZIP                | LOS ANGELES CA                  | 4.4 CITY-ST-ZIP                                       |                  |
| TITLE                      | S                               | 5.1 TITLE   |                  |
| NAME                       | JIREL, NANET L                  | 5.2 NAME  |                  |
| STREET ADDRESS             | 800 W 6TH ST 18TH FL            | 5.3 STREET ADDRESS                                    |                  |
| CITY-ST-ZIP                | LOS ANGELES CA 90017            | 5.4 CITY-ST-ZIP                                       |                  |
| TITLE                      |                                 | 6.1 TITLE   | Treasurer        |
| NAME                       |                                 | 6.2 NAME  | Beverly Lloyd    |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    | 3003 Harbor View |
| CITY-ST-ZIP                |                                 | 6.4 CITY-ST-ZIP                                       | Tampa FL 33611   |

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| NAME                       | RUGGLES, MARK                   | 2.2 NAME  |                  |
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| NAME                       |                                 | 6.2 NAME  | Beverly Lloyd    |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    | 3003 Harbor View |
| CITY-ST-ZIP                |                                 | 6.4 CITY-ST-ZIP                                       | Tampa FL 33611   |

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: \_\_\_\_\_ DATE: 2-1-99 DAYTIME PHONE #: 213-9550027

CR2E034 (11/98)