

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90056 011 \*\*\*\*50.00

03-02-1999 90056 012 \*\*\*100.00

DOCUMENT # P31767

1. Corporation Name

GENEVA CORPORATION OF CALIFORNIA

Principal Place of Business

5 PARK PLAZA  
STE 1900  
IRVINE CA 92614-8503  
US

Mailing Address

5 PARK PLAZA STE 1900  
5 PARK PLAZA - SUITE 1900  
IRVINE CA 92614-8503  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1990

4. FEI Number  
95-3190720

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 5 Park Plaza, Suite 1900

Suite, Apt. #, etc.

27 ATTN: Legal Department

City & State

28 Irvine, CA

Zip

Country

29 92614-30 USA

9. Name and Address of Current Registered Agent 8503

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	CANTRELL, PAUL	5 PRK PLAZA STE 1900	IRVINE CA	<input type="checkbox"/>
S	RICCI, WILLIAM L.	5 PARK PLAZA	IRVINE CA	<input type="checkbox"/>
T	REIFF, ELLIOT B	5 PARK PLAZA	IRVINE CA	<input type="checkbox"/>
D	RICCI, WILLIAM L.	5 PARK PLAZA	IRVINE CA	<input type="checkbox"/>
D	KUHN, ROBERT L.	5 PARK PLAZA	IRVINE CA	<input type="checkbox"/>
D	REIFF, ELLIOT B	5 PARK PLAZA	IRVINE CA	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elliot B. Reiff

Date

Daytime Phone #

11/12/99 (949) 756-2200

CR2E034 (11/98)

0653571