

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -2 PM 8:23

DOCUMENT # V31405 (6)

1. Corporation Name

EF&A FUNDING CORP.

Principal Place of Business

1375 SUTTER STREET
SUITE 218
SAN FRANCISCO CA 94109

Mailing Address

1375 SUTTER STREET
SUITE 218
SAN FRANCISCO CA 94109

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/27/1992	3a. Date of Last Report 04/27/1994
4. FEI Number 94-3160269	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	

2. Principal Place of Business	2a. Mailing Address
21. 49 STEVENSON STREET	26. 49 STEVENSON STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22. SUITE 1300	27. SUITE 1300
City & State	City & State
23. SAN FRANCISCO, CA	28. SAN FRANCISCO, CA
Zip	Zip
24. 94105	29. 94105
Country	Country
25. USA	30. USA

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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)

(If/If/If Registered Agent signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VDS	1. TITLE	VP/D ☒ Change ☐ Addition
NAME	FAYNE, STEVEN N	12. NAME	THOMAS, ARTHUR
STREET ADDRESS	1375 SUTTER STR. STE 218	13. STREET ADDRESS	49 STEVENSON ST., STE. 1300
CITY, ST, ZIP	SAN FRANCISCO CA 94109	14. CITY, ST, ZIP	SAN FRANCISCO, CA 94105
TITLE	PD	2. TITLE	C/D ☒ Change ☐ Addition
NAME	EICHLER, EDWARD P	22. NAME	EICHLER, EDWARD P.
STREET ADDRESS	1375 SUTTER ST #218	23. STREET ADDRESS	49 STEVENSON ST., STE. 1300
CITY, ST, ZIP	SAN FRANCISCO CA	24. CITY, ST, ZIP	SAN FRANCISCO, CA 94105
TITLE	V	3. TITLE	P ☒ Change ☐ Addition
NAME	KRINSKY, JAY	32. NAME	STEENERSON, BYRON
STREET ADDRESS	180 WEST ROYAL PALM RD.	33. STREET ADDRESS	4746 11TH AVE, NE, STE. 102
CITY, ST, ZIP	BOCA RATON FL	34. CITY, ST, ZIP	SEATTLE, WA 98105
TITLE	T	4. TITLE	T/D ☒ Change ☐ Addition
NAME	JONES, MARJORIE WILLIAMS	42. NAME	EICHLER, STEVEN J.
STREET ADDRESS	1375 SUTTER STREET, STE 218	43. STREET ADDRESS	49 STEVENSON ST., STE. 1300
CITY, ST, ZIP	SAN FRANCISCO CA	44. CITY, ST, ZIP	SAN FRANCISCO, CA 94105
TITLE		5. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		6. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		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 110.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Steven J. Giklee

STEVEN J. GIKLEE, TREASURER

29 May 1995 415 974.1114

(Signature typed or printed name of signing officer or director)

Date

Telephone #