FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000003757 (0)**

1. Corporation Name

SOUTHERN PACIFIC FUNDING CORPORATION

Principal Place of Business	Mailing Address
6800 INDIANA AVE., #110 RIVERSIDE CA 92506	6800 INDIANA AVE., #110 RIVERSIDE CA 92506

3. Date Incorporated or Qualified: 08/03/1995

3a. Date of Last Report:

4. FEI Number: 33-0636924 ☐ 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 1 Centerpointe Drive	26 1 Centerpointe Drive
Suite, Apt. #, etc. 22 Suite 300	Suite, Apt. #, etc. 27 Suite 300
City & State 23 Lake Oswego, OR	City & State 28 Lake Oswego, OR
Zip / Country 24 97035 / 25 U.S.A.	Zip / Country 29 97035 / 30 U.S.A.

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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: (Signature of a new registered agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SNAVELY, H W		1.2 NAME	
STREET ADDRESS	20371 IRVINE AVE., #104		1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ANA HEIGHTS CA 92707		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TOMKINSON, JOSEPH R		2.2 NAME	
STREET ADDRESS	20371 IRVINE AVE., #104		2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ANA HEIGHTS CA 92707		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LASTER, PAUL		3.2 NAME	
STREET ADDRESS	20371 IRVINE AVE., #104		3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ANA HEIGHTS CA 92707		3.4 CITY-ST-ZIP	
TITLE	VCFO	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	POLLARD, EDWARD L		4.2 NAME	
STREET ADDRESS	20371 IRVINE AVE., #104		4.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ANA HEIGHTS CA 92707		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 this 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: Frank Frazzitta (303)684-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #