

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

FILED

Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

1 CENTERPOINTE DR
SUITE 500
LAKE OSWEGO OR 97035
US

1 CENTERPOINTE DR
SUITE 500
LAKE OSWEGO OR 97035-8615
US

3. Date Incorporated or Qualified

08/03/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DCEO	<input type="checkbox"/> DELETE
NAME	SNAVELY, H W	
STREET ADDRESS	20371 IRVINE AVE., #104	
CITY-ST-ZIP	SANTA ANA HEIGHTS CA 92707	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	TOMKINSON, JOSEPH R	
STREET ADDRESS	20371 IRVINE AVE., #104	
CITY-ST-ZIP	SANTA ANA HEIGHTS CA 92707	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LASTER, PAUL	
STREET ADDRESS	20371 IRVINE AVE., #104	
CITY-ST-ZIP	SANTA ANA HEIGHTS CA 92707	
TITLE	VCFO	<input checked="" type="checkbox"/> DELETE
NAME	POLLARD, EDWARD L	
STREET ADDRESS	20371 IRVINE AVE., #104	
CITY-ST-ZIP	SANTA ANA HEIGHTS CA 92707	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert Howard	
1.3 STREET ADDRESS	One Centerpointe Dr., Ste 500	
1.4 CITY-ST-ZIP	LAKE OSWEGO, OR 97035	
2.1 TITLE	V GFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Barney Guy	
2.3 STREET ADDRESS	One Centerpointe Dr., Ste 500	
2.4 CITY-ST-ZIP	LAKE OSWEGO, OR 97035	
3.1 TITLE	F	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Frank A. Frazzetta	
3.3 STREET ADDRESS	One Centerpointe Dr., Ste 500	
3.4 CITY-ST-ZIP	LAKE OSWEGO, OR 97035	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-97

Date

(503) 684-4700

Daytime Phone #

CR2E034 (9/96)