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

PROFIT CORPORATION ANNUAL REPORT



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

pg lot3

1996

1. Corporation Name

**DOCUMENT #** 

SIGNATURE: \_

175602

(2)

FAMILY LOAN COMPANY

Principal Place of Business  -2349 MICHELSON DR.	Mailing Address  -3349 MICHELSON DRP.O. BOX 19701				
- <del>P O BOX 19701</del>	- IRVINE CA 92713-6701		3. Date Incorporated or Qualified 10/09/1953	3a. Date of Last Report 05/01/1995	
2. Principal Place of Business 600 Anton Boulevard	2a. Mailing Address 26 600 Anton Bo	ulevard	4. FEI Number 95-603 1099	Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	27 Crystat Mesa. C	A 92626-7147	6. Election Campaign Financing	\$5.00 May Be	
Costa Mesa, CA 92626-7147	28 Zip	Country	Trust Fund Contribution  8. This corporation has liability for it	A0060 to 1 663	
Zip Country <b>25</b>	29	30	Florida Statutes  Yes		
9. Name and Address of Curre			10. Name and Address of New R	egistered Agent	
		81 Name			
UNITED STATES CORPORATION COM	PANY	82 Street Add	iress (P.O. Box Number is Not Acceptable	le)	
1201 HAYS STREET			Street Audiess (1.0. Dos 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.		
SUITE 105		83			
TALLAHASSEE FL 32301		84 City		85 Zip Code	
11. Pursuant to the provisions of Sections 607.050				FL¦;	
<ol> <li>Pursuant to the provisions of Sections BUT OD.     or registered agent, or both, in the State of Floo     familiar with, and accept the obligations of, Section ATLIDE.</li> </ol>	ction 607.0505, Florida Statutes.				
Signature typed or printed name of registered age	int and little if applicable. (NOT	E. Registered Agent signature require		DATE	
Signature typed or printed name of registered age	ND DIRECTORS	E Registered Agent signature require 13.	ed when reinstaling) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
Signature typed or printed name of registered age  12. OFFICERS AI  111LE VD		13. 1. 1 TITLE			
Signature typed or printed name of registered age  12. OFFICERS AI  TITLE VD  NAME FITE, GARY	ND DIRECTORS	13. 1. 1 TITLE 1.2 NAME		ICERS AND DIRECTORS IN 12	
Signature typed or printed name of registered age  12. OFFICERS AI  TITLE VD  NAME FITE, GARY  STREET ADDRESS 3349 MICHELSON DRIVE	ND DIRECTORS	13. 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS		ICERS AND DIRECTORS IN 12	
Signature typed or printed name of registered age  12. OFFICERS AI  11TLE VD FITE, GARY  STEEET ADDRESS CITY-ST-ZIP INVINE CA	ND DIRECTORS	13. 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		ICERS AND DIRECTORS IN 12 Change Addition	
Signature typed or printed name of registered age  12. OFFICERS AI  TITLE VD  NAME FITE, GARY  STREET ADDRESS CITY-ST-ZIP INVINE CA-	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12 Change Addition  Change Addition	
Signature typed or printed name of registered age  12. OFFICERS AI  TITLE VD  FITE, GARY  3349 MICHELSON DRIVE  ITTLE P  SCHIMBOR, MARK A	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 22 NAME	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12 Change Addition  Change Addition	
Signature typed or printed name of registered age  12. OFFICERS AI  TITLE VD  NAME FITE, GARY  3349 MICHELSON DRIVE  ITTLE P  NAME SCHIMBOR, MARK A  -3449 MICHELSON DR.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS		ICERS AND DIRECTORS IN 12 Change Addition  Change Addition	
Signature typed or printed name of registered age  12. OFFICERS AI  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  SCHIMBOR, MARK A  3349 MICHELSON DR.  STREET ADDRESS  CITY-ST-ZIP  P  SCHIMBOR, MARK A  3349 MICHELSON DR.	ND DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY - ST - ZIP	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12 Change Addition Change Addition	
Signature typed or printed name of registered age  12. OFFICERS AI  TITLE VD  FITE, GARY  3349-MICHELSON-DRIVE  ITILE P  SCHIMBOR, MARK A  3349-MICHELSON-DRIVE  ITILE P  SCHIMBOR, MARK A  3349-MICHELSON-DR.	ND DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3.1 TITLE	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12 Change Addition  Change Addition  Change Addition	
Signature typed or printed name of registered age  12. OFFICERS AI  TITLE VD  NAME FITE, GARY  3349 MICHELSON DRIVE  ITITLE P  NAME SCHIMBOR, MARK A  3349 MICHELSON DRIVE  ITITLE P  NAME SCHIMBOR, MARK A  3349 MICHELSON DR.  ITITLE AS  SOARES, L B	ND DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 24 CHY-ST-ZIP 3.1 TITLE 32 NAME	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12 Change Addition Change Addition	
Signature typed or printed name of registered age  12. OFFICERS AI  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AS  SOARES, L B  3349 MICHELSON DRIVE  ITVINE CA  3349 MICHELSON DR.  48VINE CA  3349 MICHELSON DR.  48VINE CA  3349 MICHELSON DR.  48VINE CA  3349 MICHELSON DR.	ND DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3.1 TITLE	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12 Change Addition Change Addition	
Signature typed or printed name of registered age  12. OFFICERS AI  TITLE VD  NAME FITE, GARY  3349 MICHELSON DRIVE  ITVINE GA.  TITLE P  NAME SCHIMBOR, MARK A  3349 MICHELSON DR.  ITVINE CA.  ITVINE CA.  ITVINE CA.  STREET ADDRESS  CITY-ST-ZIP INVINE CA.  STREET ADDRESS  CITY-ST-ZIP INVINE CA.  SOARES, L B	ND DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 14 CHY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 24 CHY-ST-ZIP 3.1 TITLE 32 NAME 33 STREET ADDRESS	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition	
Signature typed or printed name of registered age  12. OFFICERS AI  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AS  NAME  SOARES, L B  3349 MICHELSON DRIVE  ITVILE  AS  SOARES, L B  3349 MICHELSON DR.  ITVILE  AS  SOARES, L B  3349 MICHELSON DR.  ITVILE  AS  SOARES, L B  3349 MICHELSON DR.	ND DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 14 CHY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 24 CHY-ST-ZIP 3.1 TITLE 32 NAME 33 STREET ADDRESS 3.4 CHY-ST-ZIP	Please See AHached Schedule	Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Addition	
Signature typed or printed name of registered age  12. OFFICERS AI  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AS  NAME  SOARES, L B  3349 MICHELSON DRIVE  IRVINE CA  3349 MICHELSON DR.  IRVINE CA  IRVINE CA  ITILE  AS  SOARES, L B  3349 MICHELSON DR.  IRVINE CA  ITILE  AS  SOARES, L B  3349 MICHELSON DR.  IRVINE CA	ND DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 14 CHY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 24 CHY-ST-ZIP 3.1 TITLE 32 NAME 33 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 TITLE	ADDITIONS/CHANGES TO OFFI Please See Affached Schedule 70000175	CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Addition Change Addition	
Signature typed or printed name of registered age  12. OFFICERS AI  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AS  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AS  SOARES, L B  3349 MICHELSON DR.	ND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3.1 TITLE 32 NAME 33 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 42 NAME	Please See AHached Schedule	Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Addition	
Signature typed or printed name of registered age  12. OFFICERS AI  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AS  SOARES, L B  -349 MICHELSON DRIVE  IRVINE CA	ND DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	ADDITIONS/CHANGES TO OFFI Please See Affached Schedule 70000175	CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Addition	
Signalure typed or printed name of registered age  12. OFFICERS AI  TITLE  NAME STREET ADDRESS CITY-ST-ZIP TITLE P NAME STREET ADDRESS CITY-ST-ZIP TITLE AS SOARES, L STREET ADDRESS CITY-ST-ZIP TITLE AS SOARES, L STREET ADDRESS CITY-ST-ZIP TITLE AS NAME SAME SAME SAME SAME AS MARKS, J. H. STREET ADDRESS CITY-ST-ZIP TITLE AS NAME STREET ADDRESS CITY-ST-ZIP TITLE AS NAME STREET ADDRESS CITY-ST-ZIP TITLE AS SAMEN STREET ADDRESS CITY-ST-ZIP TITLE SMITH, HEBERT F	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ADDITIONS/CHANGES TO OFFI Please See Affached Schedule 70000175	Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Addition	
Signature typed or printed name of registered age  12. OFFICERS AI  TITLE VD  FITE, GARY  3349-MICHELSON DRIVE  ITITLE P  NAME SCHIMBOR, MARK A  3349-MICHELSON DRIVE  ITITLE P  NAME SCHIMBOR, MARK A  3349-MICHELSON DR.  ITITLE AS  SOARES, L B  3349-MICHELSON DR.  ITITLE AS  NAME STREET ADDRESS  CITY-ST-ZIP TRVINE GA  TITLE VD  SMITH, HEBERT F  3349-MICHELSON DRIVE	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.5 CITY-ST-ZIP 5.5 TITLE 5.5 NAME 5.5 STREET ADDRESS	ADDITIONS/CHANGES TO OFFI Please See Affached Schedule 70000175	Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Addition	
Signalure typed or printed name of registered age  12. OFFICERS AI  TITLE VD FITE, GARY  3349 MICHELSON DRIVE  ITVLE P NAME SCHIMBOR, MARK A  3349 MICHELSON DR.  ITVLE P SCHIMBOR, MARK A  3349 MICHELSON DR.  ITVLE AS SOARES, L B  3349 MICHELSON DR.  ITVLE AS SOARES, L B  3349 MICHELSON DR.  ITVLE AS NAME SOARES, L B  3349 MICHELSON DR.  ITVLE AS NAME SOARES, L B  3349 MICHELSON DR.  ITVLE AS MARKS, J. H.  3340 MICHELSON DR.  ITVLE AS MARKS, J. H.  3340 MICHELSON DR.  ITVLE CA  ITVLE SMITH, HEBERT F  3349 MICHELSON DR.  ITVLE SMITH, HEBERT F  3349 MICHELSON DR.  ITVLE CA  ITVLE SMITH, HEBERT F  3349 MICHELSON DRIVE	ND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFI Please See Affached Schedule 70000175	Change Addition  Addition  Addition  Addition  Addition	
Signature typed or printed name of registered age  12. OFFICERS AI  TITLE  NAME STREET ADDRESS CITY-ST-ZIP TITLE  NAME STREET ADDRESS CITY-ST-ZIP TITLE  NAME SOARES, L STREET ADDRESS CITY-ST-ZIP TITLE  NAME SOARES, L	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE	ADDITIONS/CHANGES TO OFFI Please See Affached Schedule 70000175	Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Addition	
Signature typed or printed name of registered age  12. OFFICERS AI  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  AS SOARES, L B -349 MICHELSON DRIRVINE CA	ND DIRECTORS  DELETE  DELETE  DELETE	13.  1. 1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2. 1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3. 1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  4.4 CITY-ST-ZIP  6.1 TITLE  6.2 NAME	ADDITIONS/CHANGES TO OFFI Please See Affached Schedule 70000175	Change Addition  Addition  Addition  Addition  Addition	
Signature typed or printed name of registered age  12. OFFICERS AI  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  SOARES, L B  -3349 MICHELSON DR.  -IRVINE CA  TITLE  AS  SOARES, L B  -3349 MICHELSON DR.  -IRVINE CA  TITLE  AS  NAME  SOARES, L B  -3349 MICHELSON DR.  -IRVINE CA  TITLE  AS  NAME  SOARES, L B  -3349 MICHELSON DR.  -IRVINE CA  TITLE  AS  MARKS, J. H.  -3349 MICHELSON DR.  -IRVINE CA  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  SMITH, HEBERT F  -3349 MICHELSON DRIVE  -IRVINE CA  TITLE  NAME  SMITH, HEBERT F  -3349 MICHELSON DRIVE  -IRVINE CA  TITLE  NAME  SMITH, HEBERT F  -3349 MICHELSON DRIVE  -IRVINE CA  TITLE  NAME  SMITH, HEBERT F  -3349 MICHELSON DRIVE	ND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE	ADDITIONS/CHANGES TO OFFI Please See Affached Schedule 70000175	Change Addition  Addition  Change Addition  Addition  Addition	

175602

pg 2 of 3

## LIST OF OFFICERS AND DIRECTORS

<u>OFFICERS</u>	RESIDENCE ADDRESS	BUSINESS ADDRESS
Mark A. Schimbor . President SS# 547-66-6459	25 Haciendas Road Orinda, CA 94563	600 Anton Boulevard Costa Mesa, CA 92626-7147
Ronald Bukow Exec. Vice Pres. & Treasurer SS# 057-36-1287	30342 Via Festivo San Juan Capistrano, CA 92675	600 Anton Boulevard Costa Mesa, CA 92626-7147
Gary L. Fite Exec. Vice Pres. & Controller SS# 573-54-1059	16 Crosscreek Irvine, CA 92714	600 Anton Boulevard Costa Mesa, CA 92626-7147
Herbert F. Smith Senior Vice President & Secretary SS# 551-48-2759	19792 Riverview Drive Yorba Linda, CA 92686	600 Anton Boulevard Costa Mesa, CA 92626-7147
Richard I. Bertoni Vice President & Assistant Controller SS# 567-62-6619	17847 San Clemente Fountain Valley, CA 92708	600 Anton Boulevard Costa Mesa, CA 92626-7147
Stephen D. Brandon Vice President & Assistant Secretary SS# 563-56-4025	687 S. Pathfinder Trail Anaheim Hills, CA 92807	600 Anton Boulevard Costa Mesa, CA 92626-7147
Thomas G. Hitzel Vice President & Assistant Treasurer SS# 552-68-3340	17 North Portola S. Laguna Beach, CA 92651	600 Anton Boulevard Costa Mesa, CA 92626-7147
Edith M. Fee Vice President SS# 567-72-0567	30981 Hunt Club Drive San Juan Capistrano, CA 92675	600 Anton Boulevard Costa Mesa, CA 92626-7147

## Page 2

<u>OFFICERS</u>	RESIDENCE ADDRESS	BUSINESS ADDRESS
Ernest G. Gekas Vice President & Asst. Secretary SS# 350-24-2889	20 Santa Catalina Drive Rancho Palos Verdes, CA 90274	600 Anton Boulevard Costa Mesa, CA 92626-7147
Marilyn L. Havens Asst. Vice President & Asst. Secretary SS# 550-32-1304	12 Montanos Norte Costa Mesa, CA 92626-7147	600 Anton Boulevard Costa Mesa, CA 92626-7147
John H. Marks Asst. Vice President & Asst. Secretary SS# 146-38-7067	27501 Velador Mission Viejo, CA 92691	600 Anton Boulevard Costa Mesa, CA 92626-7147
Laila B. Soares Asst. Vice President & Asst. Secretary SS# 548-74-8994	3711 Fenn Street Irvine, CA 92714	600 Anton Boulevard Costa Mesa, CA 92626-7147
Gregory E. Hudson Assistant Treasurer SS# 036-30-0691	45 Downing Street East Greenwich, RI 02818	40 Westminster Street Providence, RI 02903
Roxanne Cassidy Assistant Treasurer SS# 038-46-9634	40 Westminster Street Providence, RI 02903	40 Westminster Street Providence, RI 02903
DIRECTORS		
Stephen D. Brandon	Same as above	Same as above
Gary L. Fite	Same as above	Same as above
Herbert F. Smith	Same as above	Same as above