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May 21 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 # 175602

1. Corporation Name

FAMILY LOAN COMPANY

Principal Place of Business	Mailing Address
6000 Anton Blvd. Costa Mesa, CA 92626	P.O. Box 5011 Costa Mesa, CA 92628-5011

3. Date Incorporated or Qualified: 10/09/1953
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt #, etc (22)
Suite, Apt #, etc (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 95-6031099 ☐ 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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	FITE, GARY		12 NAME		
STREET ADDRESS	600 ANTON BLVD.		13 STREET ADDRESS		
CITY-ST-ZIP	COSTA MESA, CA		14 CITY-ST-ZIP		
TITLE	P	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	SCHIMBOR, MARK A		22 NAME		
STREET ADDRESS	600 ANTON BLVD.		23 STREET ADDRESS		
CITY-ST-ZIP	COSTA MESA, CA		24 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	SOARES, L B		32 NAME		
STREET ADDRESS	600 ANTON BLVD.		33 STREET ADDRESS		
CITY-ST-ZIP	COSTA MESA, CA		34 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	MARKS, J. H.		42 NAME		
STREET ADDRESS	600 ANTON BLVD.		43 STREET ADDRESS		
CITY-ST-ZIP	COSTA MESA, CA		44 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	SMITH, HERBERT F		52 NAME		
STREET ADDRESS	600 ANTON BLVD.		53 STREET ADDRESS		
CITY-ST-ZIP	COSTA MESA, CA		54 CITY-ST-ZIP		
TITLE	AVP	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	HITZEL, THOMAS G		62 NAME		
STREET ADDRESS	600 ANTON BLVD.		63 STREET ADDRESS		
CITY-ST-ZIP	COSTA MESA, CA		64 CITY-ST-ZIP		

5/21/97

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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, added, or deleted on an attachment with an address.

SIGNATURE: ✓ T. G. HITZEL 5-12-97 (714)435-1200
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR