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 # **673249** **(9)**

1. Corporation Name

ARISTAR FINANCIAL RESOURCES, INC.

Principal Place of Business	Mailing Address
9200 OAKDALE AVE 7TH FL CHATSWORTH CA 91311	9200 OAKDALE AVE 7TH FL CHATSWORTH CA 91311

3. Date Incorporated or Qualified: **05/12/1966**

3a. Date of Last Report: **02/21/1995**

2. Principal Place of Business	2a. Mailing Address
21	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: **59-1119376** ☐ 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

FINCH, RONALD M
2601 10TH AVENUE
LAKE WORTH FL 33461

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 _____ DATE

Signature required when executing part 10 of Application. NOTE: Registered Agent signature required when executing part 9 of Application.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CRANE, E. A.		1.2 NAME	
STREET ADDRESS	9200 OAKDALE AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	CHATSWORTH CA		1.4 CITY-ST-ZIP	
TITLE	DOS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ERIKSON, J L		2.2 NAME	
STREET ADDRESS	9200 OAKDALE AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	CHATSWORTH CA		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GEUTHER, CARL F		3.2 NAME	
STREET ADDRESS	9200 OAKDALE AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	CHATSWORTH CA		3.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WEEKS, JERRY E		4.2 NAME	
STREET ADDRESS	9200 OAKDALE AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP	CHATSWORTH CA		4.4 CITY-ST-ZIP	
TITLE	SRVP	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WALTON, VIRGINIA		5.2 NAME	
STREET ADDRESS	9200 OAKDALE AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP	CHATSWORTH CA		5.4 CITY-ST-ZIP	
TITLE	AVP	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, NANCY		6.2 NAME	
STREET ADDRESS	9200 OAKDALE AVENUE		6.3 STREET ADDRESS	
CITY-ST-ZIP	CHATSWORTH CA		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)(k), 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: Lance Erikson J. Lance Erikson 4/29/96 (818) 775-3615

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