

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 832575 (5)  
1. Corporation Name  
REAL ESTATE COLLATERAL MANAGEMENT COMPANY



Principal Place of Business  
315 MONTGOMERY STREET  
SAN FRANCISCO CA 94104

Mailing Address  
799 MARKET STREET  
STE13025  
SAN FRANCISCO CA 94103  
US

2. Principal Place of Business  
21 333 SOUTH BEAUDRY  
Suite, Apt. #, etc.  
22 21st FLOOR  
City & State  
23 LOS ANGELES, CALIFORNIA  
Zip Country  
24 90017 25 US

2a. Mailing Address  
26 315 MONTGOMERY STREET  
Suite, Apt. #, etc.  
27 DEPT. 16811, 14th FLOOR  
City & State  
28 SAN FRANCISCO, CALIFORNIA  
Zip Country  
29 94104 30 US

3. Date Incorporated or Qualified  
06/21/1974

3a. Date of Last Report  
04/05/1995

4. FEI Number  
94-2248532

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

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	GARVEY, CHRISTINE N	
STREET ADDRESS	5600 DAVIS ST 2ND FL	
CITY - ST - ZIP	SAN FRANCISCO CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCRUM, CHRISTOPHER	
STREET ADDRESS	560 DAVIS ST 2ND FL	
CITY - ST - ZIP	SAN FRANCISCO CA	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	ST. CLAIR PETER	
STREET ADDRESS	333 S BEAUDRY	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OGORZELEC, PAUL R.	
STREET ADDRESS	799 MARKET STREET	
CITY - ST - ZIP	SAN FRANCISCO CA	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	LEE, SYLVIA H.	
STREET ADDRESS	315 MONTGOMERY ST.	
CITY - ST - ZIP	SAN FRANCISCO CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WESTFALL, JAMES S	
STREET ADDRESS	555 CALIFORNIA ST	
CITY - ST - ZIP	SAN FRANCISCO CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GEE, ALVIN W.	
1.3 STREET ADDRESS	315 MONTGOMERY ST., DEPT. 16811, 14th Fl.	
1.4 CITY - ST - ZIP	SAN FRANCISCO, CALIFORNIA 94104	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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 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:

*Alvin W. GEE*

ALVIN W. GEE

4/18/96

(415) 953-5069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)