

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90103 046 ***150.00

DOCUMENT # 832575

1. Corporation Name

REAL ESTATE COLLATERAL MANAGEMENT COMPANY

Principal Place of Business

**333 SOUTH BEAUDRY
21ST FLOOR
LOS ANGELES CA 90017
US**

Mailing Address

**P O BOX 37000
%TAX DEPT #10067-SP
SAN FRANCISCO CA 94137
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1974

4. FEI Number

94-2248532

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 City & State

City & State

28 City & State

Zip Country

24 Zip **25** Country

Zip Country

29 Zip **30** Country

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** ☒ DELETE
NAME **GARVEY, CHRISTINE N**
STREET ADDRESS **5600 DAVIS ST 2ND FL**
CITY-ST-ZIP **SAN FRANCISCO CA**

TITLE **AT** ☐ DELETE
NAME **CRANDELL, BARBARA**
STREET ADDRESS **799 MARKET ST**
CITY-ST-ZIP **SAN FRANCISCO CA**

TITLE **DP** ☒ DELETE
NAME **SHOOP, SAR**
STREET ADDRESS **333 S TEUDRY AVE**
CITY-ST-ZIP **LOS ANGELES CA 30013**

TITLE **DCFO** ☐ DELETE
NAME **HATHHALL, KATHRAIDE**
STREET ADDRESS **799 MAPLE ST**
CITY-ST-ZIP **SAN FRANCISCO CA 34103**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **HELGA HOUTROOP**
1.3 STREET ADDRESS **50 CALIFORNIA ST.**
1.4 CITY-ST-ZIP **SAN FRANCISCO, CA. 94111**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **DP** ☒ Change ☐ Addition
3.2 NAME **WAYNE J. ADDELLER**
3.3 STREET ADDRESS **333 BEAUDRY AVE**
3.4 CITY-ST-ZIP **LOS ANGELES, CA. 90017**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **TERRY K. SILBER**
4.3 STREET ADDRESS **50 CALIFORNIA ST.**
4.4 CITY-ST-ZIP **SAN FRANCISCO, CA. 94111**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **JENNIFER KESSLER**
5.3 STREET ADDRESS **2901 N. CORTLAND AVE**
5.4 CITY-ST-ZIP **PHOENIX, AZ 85012**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASST. TREASURER 7/19/99 (715) 622-8540
DATE Daytime Phone #

CR2E034 (11/98)