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

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 9:52

DOCUMENT # **840000** **(4)**

1. Corporation Name

**SUTTER FREMONT REAL ESTATE MERCHANT CAPITAL CORP ORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| 533 FREMONT AVENUE<br>LOS ANGELES CA 90071 | 533 FREMONT AVENUE<br>LOS ANGELES CA 90071 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 02/10/1978 | 3a. Date of Last Report: 02/15/1994 |
| 4. FEI Number: 95-3237349 | ☐ 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 | |

| 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 |

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE

Signature required if name of registered agent is changed. (NOTE: Registered agent's signature required when reinstating.)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 11 TITLE | VP/Assistant Secretary | ☒ Change ☐ Addition |
| NAME | [redacted] | 12 NAME | Ronald J. Platisha | |
| STREET ADDRESS | 560 LEXINGTON AVE | 13 STREET ADDRESS | 533 S. Fremont Avenue | |
| CITY-ST-ZIP | NEW YORK NY | 14 CITY-ST-ZIP | Los Angeles, CA 90071 | |
| TITLE | VP | 21 TITLE | Vice President/Treasurer | ☒ Change ☐ Addition |
| NAME | DAVIDSON, DAVID A | 22 NAME | David A. Davidson | |
| STREET ADDRESS | 533 FREMONT AVE | 23 STREET ADDRESS | 533 S. Fremont Avenue | |
| CITY-ST-ZIP | LOS ANGELES, CA 00000 | 24 CITY-ST-ZIP | Los Angeles, CA 90071 | |
| TITLE | VPX | 31 TITLE | Secretary | ☒ Change ☐ Addition |
| NAME | TALLMAN, KAREN A | 32 NAME | Karen A. Tallman | |
| STREET ADDRESS | 533 S FREMONT AVE | 33 STREET ADDRESS | 533 S. Fremont Avenue | |
| CITY-ST-ZIP | LOS ANGELES CA | 34 CITY-ST-ZIP | LosAngeles, CA 90071 | |
| TITLE | D | 41 TITLE | Chairman/Director | ☒ Change ☐ Addition |
| NAME | DIDION, JAMES J | 42 NAME | James J. Didion | |
| STREET ADDRESS | 533 FREMONT AVE | 43 STREET ADDRESS | 533 S. Fremont Avenue | |
| CITY-ST-ZIP | LOS ANGELES, CA 00000 | 44 CITY-ST-ZIP | Los Angeles, CA 90071 | |
| TITLE | D | 51 TITLE | Director | ☒ Change ☐ Addition |
| NAME | [redacted] | 52 NAME | Richard C. Clotfelter | |
| STREET ADDRESS | 533 S FREMONT AVE | 53 STREET ADDRESS | 533 S. Fremont Avenue | |
| CITY-ST-ZIP | LOS ANGELES CA | 54 CITY-ST-ZIP | Los Angeles, CA 90071 | |
| TITLE | D | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | BEBAN, GARY J | 62 NAME | | |
| STREET ADDRESS | 533 S FREMONT AVE | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | LOS ANGELES CA | 64 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is absolutely furnished and 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 added, above.

**SIGNATURE:** _____ **Karen A. Tallman/Secretary** **2/8/95** **213-613-3149**

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

0470884 FP