

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

**FILED**  
**Apr 15 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT **1998**



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

**DOCUMENT # 847798 (6)**  
 1. Corporation Name  
**CC FINANCE CREDIT CORP.**



Principal Place of Business  
**10089 WILLOW CREEK ROAD  
 SAN DIEGO CA 92131**

Mailing Address  
**PO BOX 37000  
 C/O TAX DEPT., #10067-57  
 SAN FRANCISCO CA 94137  
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/22/1980**

4. FEI Number  
**53-0246829**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business  
 21 **300 St. Paul Place**  
 Suite, Apt. #, etc.  
 22

2a. Mailing Address  
 26 **300 St. Paul Place**  
 Suite, Apt. #, etc.  
 27 **BSP10D**

City & State  
 23 **Baltimore, MD.**  
 Zip Country  
 24 **21202** 25 Country

City & State  
 28 **Baltimore, MD.**  
 Zip Country  
 29 **21202** 30 Country

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUNN, GERALD G.</b>	1.2 NAME	<b>J. B. Duvall, III</b>
STREET ADDRESS	<b>555 CALIFORNIA ST.</b>	1.3 STREET ADDRESS	<b>300 St. Paul Place</b>
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>	1.4 CITY-ST-ZIP	<b>Baltimore, md. 21202</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOROKIN CHERYL A.</b>	2.2 NAME	<b>A. K. McClung, Jr.</b>
STREET ADDRESS	<b>555 CALIFORNIA STREET</b>	2.3 STREET ADDRESS	<b>300 St. Paul Place</b>
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>	2.4 CITY-ST-ZIP	<b>Baltimore, MD. 21202</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, FAYE M.</b>	3.2 NAME	<b>J. P. Murphy</b>
STREET ADDRESS	<b>10089 WILLOW CREEK ROAD</b>	3.3 STREET ADDRESS	<b>300 St. Paul Place</b>
CITY-ST-ZIP	<b>SAN DIEGO CA</b>	3.4 CITY-ST-ZIP	<b>Baltimore, MD. 21202</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHAN-SHAFFER, CLAUDIA</b>	4.2 NAME	<b>J. L. Jones</b>
STREET ADDRESS	<b>10089 WILLOW CREEK ROAD</b>	4.3 STREET ADDRESS	<b>300 St. Paul Place</b>
CITY-ST-ZIP	<b>SAN DIEGO CA</b>	4.4 CITY-ST-ZIP	<b>Baltimore, MD. 21202</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, CAMERON E.</b>	5.2 NAME	<b>D. A. Byrne</b>
STREET ADDRESS	<b>10089 WILLOW CREEK ROAD</b>	5.3 STREET ADDRESS	<b>300 St. Paul Place</b>
CITY-ST-ZIP	<b>SAN DIEGO CA</b>	5.4 CITY-ST-ZIP	<b>Balto., md. 21202</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, JAMES G.</b>	6.2 NAME	<b>D. A. Smoley</b>
STREET ADDRESS	<b>555 CALIFORNIA ST.</b>	6.3 STREET ADDRESS	<b>300 St. Paul Place</b>
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>	6.4 CITY-ST-ZIP	<b>Baltimore, MD 21202</b>

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.

SIGNATURE \_\_\_\_\_ DATE **4/16/98** (411) 330 3000

CR2E034 (10/97)