

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
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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

2. Principal Place of Business 21 300 St. Paul Place		2a. Mailing Address 26 300 St. Paul Place		3. Date Incorporated or Qualified 12/22/1980	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 BSP10D		4. FEI Number 53-0246829	
City & State 23 Baltimore, MD.		City & State 28 Baltimore, MD.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 21202		Zip 29 21202		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	
85 Zip Code		FL	

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

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 _____
K. A. Canady 4/16/98 (411) 330 3000

CR2E034 (10/97)