

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

**APPROVED
AND
FILED**

95 APR 26 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 847812 (5)

1. Corporation Name

SECURITY PACIFIC FINANCIAL SERVICES INC.

Principal Place of Business

**10089 WILLOW CREEK ROAD
SAN DIEGO CA 92131**

Mailing Address

**ATTN 4400
SAN DIEGO CA 92131
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/31/1980

3a. Date of Last Report

04/29/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

10089 Willow Creek Road, #24400

27

Suite, Apt. #, etc.

28

City & State

29

San Diego, CA

30

Zip

Country

4. FEI Number

95-2893741

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

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILSON, FAYE M
STREET ADDRESS	10089 WILLOW CREEK RD.
CITY-ST-ZIP	SAN DIEGO CA
TITLE	D
NAME	GUNN, GERALD M
STREET ADDRESS	555 CALIFORNIA ST
CITY-ST-ZIP	SAN FRANCISCO CA
TITLE	D
NAME	JONES, JAMES G
STREET ADDRESS	555 CALIFORNIA ST.
CITY-ST-ZIP	SAN FRANCISCO CA
TITLE	T
NAME	WILLIAMS, CAMERON E
STREET ADDRESS	10089 WILLOW CREEK RD.
CITY-ST-ZIP	SAN DIEGO CA
TITLE	V
NAME	CHAN-SHAFFER, CLAUDIA
STREET ADDRESS	10089 WILLOW CREEK RD.
CITY-ST-ZIP	SAN DIEGO CA
TITLE	S
NAME	SOROKIN, CHERYL A
STREET ADDRESS	555 CALIFORNIA ST.
CITY-ST-ZIP	SAN FRANCISCO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 110.07(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: *Claudia Chan-Shaffer* **Claudia Chan-Shaffer, Senior Vice President 4/14/95 (619)630-9539**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #