

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 855992 (4)

1. Corporation Name

THE WILLIAM LYON COMPANY

Principal Place of Business

Mailing Address

ATTN: TAX DEPT  
P O BOX 7520  
NEWPORT BEACH CA 92658-7520  
US

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P O BOX 7520  
NEWPORT BEACH CA 92658-7520  
US



900001941759

-09/09/96--01009--003

\*\*\*\*375.00 \*\*\*\*375.00

3. Date Incorporated or Qualified

04/01/1983

3a. Date of Last Report

04/10/1995

4. FEI Number

33-0282796

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 of current registered agent and the applicable

(If the Registered Agent's signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	DELETE
NAME	NORKATIS, BRIAN V.	
STREET ADDRESS	4490 VON KARMAN	
CITY-ST-ZIP	NEWPORT BCH CA	
TITLE	VDS	DELETE
NAME	FRANKEL, RICHARD E.	
STREET ADDRESS	4490 VON KARMAN	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	VT	DELETE
NAME	ROBINSON, RICHARD S.	
STREET ADDRESS	4490 VON KARMAN	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	DC	DELETE
NAME	LYON, WILLIAM	
STREET ADDRESS	4490 VON KARMAN	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	AS	DELETE
NAME	HARDGRAVE, CYNTHIA E	
STREET ADDRESS	4490 VON KARMAN	
CITY-ST-ZIP	NEWPORT BCH CA	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement thereto 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD S. ROBINSON, Vice Pres.

8/22/96

714-833-3600

CR2E034 (3/96)