SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADORESS

SIGNATURE

CITY-ST-ZIP

HARDGRAVE, CYNTHIA E

4490 VON KARMAN

NEWPORT BCH CA

Aug 05 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (4) THE WILLIAM LYON COMPANY Principal Place of Susiness Mailing Address ATTN: TAX DEPT ATTN: TAX DEPT P O BOX 7520 P O BOX 7520 DO NOT WRITE IN THIS SPACE NEWPORT BEACH CA 92658-7520 NEWPORT BEACH CA 92658-7520 3. Date Incorporated or Qualified 04/01/1983 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 33-0282796 26 Not Applicable Suite Apt #. etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City Zip Code 85 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) Signature typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE Change Addition **X** DELETE NORKAITIS, BRIAN V. William Lyon NAME 12 NAME 4490 VON KARMAN STREET ADDRESS 1.3 STREET ADDRESS 4490 Von Karman **NEWPORT BCH CA** CITY-ST-ZIF 1.4 CITY-ST-ZIP Newport Beach, CA Sr. VP/Treas/Secty TITLE 2.1 TITLE DELETE Change Addition NAME Frankel, Richard E 2.2 NAME Richard S. Robinson 4490 VON KARMAN STREET ADDRESS 2 3 STREET ADORESS 4490 Von Karman **NEWPORT BEACH CA** CITY-ST-ZIP 2.4 CITY-ST-ZIP Newport Beach, CA 92660 TITLE 3.1 TITLE DECETE VP/CFO/Asst. Secty Change Addition ROBINSON, RICHARD S. NAME 3.2 NAME Cynthia E. Hardgrave 4490 von Karman STREET ADDRESS 3.3 STREET ADDRESS 4490 Von Karman **NEWPORT BEACH CA** 3.4 CITY-ST-ZIP CITY-ST-ZIP Newport Beach, CA 92660 TITLE 4.1 TITLE DELETE Asst. VP l Change X Addition LYON, WILLIAM NAME 4.2 NAME Dixie M. Hesson 4490 VON KARMAN STREET ADDRESS 4.3 STREET ADDRESS 4490 Von Karman **NEWPORT BEACH CA** 4.4 CITY-ST-ZIP CITY-ST-ZIP Newport Beach, CA 92660

CITY-ST-ZIP 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 of 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 control or the deceiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

5.1 TITLE

5 2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

OPLETE

DELETE

Asst. Secty.

Michael D. Grubbs

Newport Beach, CA 92660

4490 Von Karman

CR2E034 (5/98)

X Addition

___ Change

FILED