


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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90015 027 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 855992**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/01/1983**

4. FEI Number

**33-0282796**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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, 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	P <input type="checkbox"/> DELETE	1.1 TITLE	P/D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYON, WILLIAM	1.2 NAME	William Lyon
STREET ADDRESS	4490 VON KARMAN	1.3 STREET ADDRESS	4490 Von Karman
CITY-ST-ZIP	NEWPORT BCH CA	1.4 CITY-ST-ZIP	Newport Beach, CA 92660
TITLE	VPST <input type="checkbox"/> DELETE	2.1 TITLE	AVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBINSON, RICHARD S	2.2 NAME	Dixie M. Hesson
STREET ADDRESS	4490 VON KARMAN	2.3 STREET ADDRESS	4490 Von Karman
CITY-ST-ZIP	NEWPORT BEACH CA	2.4 CITY-ST-ZIP	Newport Beach, CA 92660
TITLE	VT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, RICHARD S.	3.2 NAME	
STREET ADDRESS	4490 VON KARMAN	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA	3.4 CITY-ST-ZIP	
TITLE	DC <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYON, WILLIAM	4.2 NAME	
STREET ADDRESS	4490 VON KARMAN	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	VP/CFO/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDGRAVE, CYNTHIA E	5.2 NAME	Cynthia E. Hardgrave
STREET ADDRESS	4490 VON KARMAN	5.3 STREET ADDRESS	4490 Von Karman
CITY-ST-ZIP	NEWPORT BCH CA	5.4 CITY-ST-ZIP	Newport Beach, CA 92660
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUBBS, MICHAEL D	6.2 NAME	
STREET ADDRESS	4490 VON KARMAN	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	6.4 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 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, with all other like empowered.

SIGNATURE:

Richard S. Robinson

2/9/99

(949) 833-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)