

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 855992

1. Entity Name
THE WILLIAM LYON COMPANY



Principal Place of Business

**ATTN: TAX DEPT
PO BOX 8858
NEWPORT BEACH, CA 92658-8858 US**

Mailing Address

**ATTN: TAX DEPT
PO BOX 8858
NEWPORT BEACH, CA 92658-8858 US**



01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0282796

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000622515
02/13/07-80029-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	PDC
NAME	LYON, WILLIAM
STREET ADDRESS	4490 VON KARMAN
CITY-ST-ZIP	NEWPORT BCH, CA
TITLE	SVST
NAME	ROBINSON, RICHARD S
STREET ADDRESS	4490 VON KARMAN
CITY-ST-ZIP	NEWPORT BEACH, CA
TITLE	AVP
NAME	HESSON, DIXIE M
STREET ADDRESS	4490 VON HARMAN
CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	VP
NAME	HARDGRAVE, CYNTHIA E
STREET ADDRESS	4490 VON KARMAN
CITY-ST-ZIP	NEWPORT BCH, CA
TITLE	AS
NAME	GRUBBS, MICHAEL D
STREET ADDRESS	4490 VON KARMAN
CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Dixie Hesson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 1/26/07 949-833-3600