

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 858178 (7)

1. Corporation Name

SAVINGS OF AMERICA, INC.



Principal Place of Business

Mailing Address

4900 RIVERGRADE ROAD.  
IRWINDALE CA 91706  
US

HOME SAVINGS OF AMERICA. CORP.. TAX DEPT.  
4900 RIVERGRADE RD.  
IRWINDALE CA 91706  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

10/19/1983

3a. Date of Last Report

05/01/1995

4. FEI Number

95-3840802

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

10. Name and Address of New Registered Agent

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 (if applicable)

Signature typed or printed name of registered agent (if applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME DS  
GLASSETT, TIM S.  
STREET ADDRESS 4900 RIVERGRADE ROAD  
CITY-ST-ZIP IRWINDALE CA

TITLE ☐ DELETE

NAME VP  
MCCALL, LINDA  
STREET ADDRESS 4900 RIVERGRADE ROAD  
CITY-ST-ZIP IRWINDALE CA

TITLE ☐ DELETE

NAME T  
MIRANDA, GEORGE  
STREET ADDRESS 4900 RIVERGRADE ROAD  
CITY-ST-ZIP IRWINDALE CA

TITLE ☐ DELETE

NAME V  
RAZ, C. R.  
STREET ADDRESS 4900 RIVERGRADE ROAD  
CITY-ST-ZIP IRWINDALE CA

TITLE ☐ DELETE

NAME PD  
BREWER, DALLIS E.  
STREET ADDRESS 4900 RIVERGRADE ROAD  
CITY-ST-ZIP IRWINDALE CA

TITLE ☐ DELETE

NAME AS  
HENDERICKSON, CRAIG  
STREET ADDRESS 4900 RIVERGRADE ROAD  
CITY-ST-ZIP IRWINDALE CA

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 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: CONSTANTINO R. RAZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. R. RAZ

4-15-96 (818) 814-7161

DATE

Day/Week/Phone #

CR2E034 (12/95)