


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 08, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # F04000003798</b><br>1. Entity Name<br><b>AFFINITY FINANCIAL CORPORATION</b> |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>45 N. PENNSYLVANIA STREET<br/>INDIANAPOLIS, IN 46204</b> | Mailing Address<br><b>45 N. PENNSYLVANIA STREET<br/>INDIANAPOLIS, IN 46204</b> |
|--|--|



05272005 No Chg-P CR2E034 (10/03)

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|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>35-2008499</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|   |  |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |
|---|--|

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301-2525</b> |
|---|

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

**06/08/05-80003-009 550.00**

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PCD<br>WATERFIELD, J. RANDALL<br>45 N. PENNSYLVANIA STREET<br>INDIANAPOLIS, IN 46204 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V<br>SCHWAB, GEORGIA<br>ONE PARK PLAZA<br>IRVINE, CA 92614                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SD<br>WATERFIELD, RICHARD R<br>ONE PARK PLAZA<br>IRVINE, CA 92614                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | T<br>GOBLE, PATRICK E<br>45 N. PENNSYLVANIA<br>INDIANAPOLIS, IN 46204                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>FIFE, DAVID<br>ONE PARK PLAZA<br>IRVINE, CA 92614                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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12. 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 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: \_\_\_\_\_ **6/3/05** **312 386 1784**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #