


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000003798		
1. Entity Name AFFINITY FINANCIAL CORPORATION		
Principal Place of Business 45 N. PENNSYLVANIA STREET INDIANAPOLIS, IN 46204	Mailing Address 45 N. PENNSYLVANIA STREET INDIANAPOLIS, IN 46204	



04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-2008499	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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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 reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

U00000528031
05/05/06-80020-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD WATERFIELD, J. RANDALL 45 N. PENNSYLVANIA STREET INDIANAPOLIS, IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHWAB, GEORGIA ONE PARK PLAZA IRVINE, CA 92614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WATERFIELD, RICHARD R ONE PARK PLAZA IRVINE, CA 92614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOBLE, PATRICK E 45 N. PENNSYLVANIA INDIANAPOLIS, IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIFE, DAVID ONE PARK PLAZA IRVINE, CA 92614
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 or without other like empowered.

SIGNATURE: Patrick E. Goble Patrick E. Goble 4/12/2006 317-229-4002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #