

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003798

FILED
Apr 24, 2007
Secretary of State

Entity Name: AFFINITY FINANCIAL CORPORATION

Current Principal Place of Business:

45 N. PENNSYLVANIA STREET
INDIANAPOLIS, IN 46204

New Principal Place of Business:

45 N. PENNSYLVANIA STREET
3RD FLOOR
INDIANAPOLIS, IN 46204

Current Mailing Address:

45 N. PENNSYLVANIA STREET
INDIANAPOLIS, IN 46204

New Mailing Address:

45 N. PENNSYLVANIA STREET
3RD FLOOR
INDIANAPOLIS, IN 46204

FEI Number: 35-2008499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: WATERFIELD, J. RANDALL
Address: 45 N. PENNSYLVANIA STREET
City-St-Zip: INDIANAPOLIS, IN 46204

Title: V () Delete
Name: SCHWAB, GEORGIA
Address: ONE PARK PLAZA
City-St-Zip: IRVINE, CA 92614

Title: SD () Delete
Name: WATERFIELD, RICHARD R
Address: ONE PARK PLAZA
City-St-Zip: IRVINE, CA 92614

Title: T () Delete
Name: GOBLE, PATRICK E
Address: 45 N. PENNSYLVANIA
City-St-Zip: INDIANAPOLIS, IN 46204

Title: D () Delete
Name: FIFE, DAVID
Address: ONE PARK PLAZA
City-St-Zip: IRVINE, CA 92614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK E GOBLE

T

04/24/2007

Electronic Signature of Signing Officer or Director

Date