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FILED

Apr 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F93000000766 (6)

1. Corporation Name

NATIONAL IPF FUNDING, INC.

Principal Place of Business

1750 S. MESA DRIVE  
SUITE 100  
MESA AZ 85210

Mailing Address

P.O. BOX 6998  
MESA AZ 85214-6998  
US



3. Date Incorporated or Qualified

03/10/1993

3a. Date of Last Report

04/18/1996

4. FEI Number

86-0700225

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☒ DELETE  
NAME STEPHAN, CLARKE  
STREET ADDRESS 1750 S. MESA DR., #100  
CITY-ST-ZIP MESA AZ

TITLE DV ☐ DELETE  
NAME PUGLISI, DON  
STREET ADDRESS 1500 CASHO MILL ROAD, SUITE 3  
CITY-ST-ZIP NEWARK DE 19711

TITLE D ☐ DELETE  
NAME HOFF, ROBERT  
STREET ADDRESS 18552 MACARTHUR BLVD., SUITE 400  
CITY-ST-ZIP IRVINE CA 92715

TITLE ST ☒ DELETE  
NAME WEIGHT, MARK  
STREET ADDRESS 1750 S. MESA DR., #100  
CITY-ST-ZIP MESA AZ

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CP ☐ Change ☒ Addition  
1.2 NAME Taylor, Stephen D.  
1.3 STREET ADDRESS 1750 S. Mesa Drive, Suite 100  
1.4 CITY-ST-ZIP Mesa, AZ 85210

2.1 TITLE S. ☐ Change ☒ Addition  
2.2 NAME Holland, Jr., Charles H.  
2.3 STREET ADDRESS 1750 S. Mesa Drive, Suite 100  
2.4 CITY-ST-ZIP Mesa, AZ 85210

3.1 TITLE Controller ☐ Change ☒ Addition  
3.2 NAME Pasquale, Michele  
3.3 STREET ADDRESS 1750 S. Mesa Drive, Suite 100  
3.4 CITY-ST-ZIP Mesa, AZ 85210

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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:

Charles H. Holland, Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

422-97

Date

602-545-3400

Daytime Phone #

CR2E034 (9/96)