

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 21 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000002814 (2)**

1. Corporation Name

**SEABOARD FINANCE COMPANY**

Principal Place of Business

**600 ANTON BLVD  
COSTA MESA, CA 92626**

Mailing Address

**P.O. BOX 5011  
COSTA MESA, CA 92628-5011**

3. Date Incorporated or Qualified

**06/16/1993**

3a. Date of Last Report

**05/01/1996**

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

4. FFI Number

**95-6328068**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE, FL 32301**

81 Name

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

83

84 City

**FL**

85 Zip Code

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> DELETE
NAME	<b>FITE, GARY L</b>
STREET ADDRESS	<b>600 ANTON BLVD.</b>
CITY-ST-ZIP	<b>COSTA MESA, CA</b>
TITLE	DVPS <input type="checkbox"/> DELETE
NAME	<b>BRANDON, STEPHEN D</b>
STREET ADDRESS	<b>600 ANTON BLVD.</b>
CITY-ST-ZIP	<b>COSTA MESA, CA</b>
TITLE	DVPS <input type="checkbox"/> DELETE
NAME	<b>SMITH, HERBERT F</b>
STREET ADDRESS	<b>600 ANTON BLVD.</b>
CITY-ST-ZIP	<b>COSTA MESA, CA</b>
TITLE	P <input type="checkbox"/> DELETE
NAME	<b>SCHIMBOR, MARK A</b>
STREET ADDRESS	<b>600 ANTON BLVD.</b>
CITY-ST-ZIP	<b>COSTA MESA, CA</b>
TITLE	VPT <input type="checkbox"/> DELETE
NAME	<b>BUKOW, RONALD</b>
STREET ADDRESS	<b>600 ANTON BLVD.</b>
CITY-ST-ZIP	<b>COSTA MESA, CA</b>
TITLE	VP <input type="checkbox"/> DELETE
NAME	<b>HITZEL, THOMAS G</b>
STREET ADDRESS	<b>600 ANTON BLVD.</b>
CITY-ST-ZIP	<b>COSTA MESA, CA</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

**600002202096**  
**-06/04/97--01109--020**  
**\*\*\*165.00**

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 of 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 its 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 in an attachment with an address.

SIGNATURE: 

**T. G. HITZEL**

**5-12-97 (714) 435-1200**

CR2E034 (9/96)