FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 27 PM 3:21

DOCUMENT # **F93000003855 (4)**

1. Corporation Name
FIRST FRANKLIN FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
2150 NORTH FIRST STREET SAN JOSE CA 95231	2150 NORTH FIRST STREET SAN JOSE CA 95231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1993
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: 94-2715410 ☐ 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PTD ☒ Change ☐ Addition
NAME	FLOYD, THOMAS M	12 NAME	Dallas, William D.
STREET ADDRESS	2150 NORTH FIRST STREET	13 STREET ADDRESS	2150 N. 1st. St.
CITY-ST-ZIP	SAN JOSE CA 95131	14 CITY-ST-ZIP	San Jose, Ca. 95131
TITLE	PTD	21 TITLE	V ☒ Change ☐ Addition
NAME	DALLAS, WILLIAM D	22 NAME	Modugno, Katie
STREET ADDRESS	31416 AGOURA RD #200	23 STREET ADDRESS	2150 N. 1st. St.
CITY-ST-ZIP	WESTLAKE VILLAGE CA	24 CITY-ST-ZIP	San Jose, Ca. 95131
TITLE	CSD	31 TITLE	V ☒ Change ☐ Addition
NAME	DALLAS, GEORGE M	32 NAME	Geredes, Marc
STREET ADDRESS	31416 AGOURA ROAD #200	33 STREET ADDRESS	2150 N. 1st. St.
CITY-ST-ZIP	WESTLAKE VILLAGE CA	34 CITY-ST-ZIP	San Jose, Ca. 95131
TITLE	CSD	41 TITLE	V ☒ Change ☐ Addition
NAME	DALLAS, STEVEN D	42 NAME	Pollock, Andrew
STREET ADDRESS	31416 AGOURA ROAD #200	43 STREET ADDRESS	6700 Southpoint Pkwy
CITY-ST-ZIP	WESTLAKE VILLAGE CA	44 CITY-ST-ZIP	Jacksonville, Fl. 32216
TITLE	CD	51 TITLE	☐ Change ☐ Addition
NAME	DALLAS, WILLIAM D	52 NAME	
STREET ADDRESS	31416 AGOURA ROAD, #200	53 STREET ADDRESS	
CITY-ST-ZIP	WESTLAKE VILLAGE CA 91361	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	DALLAS, GEORGE M	62 NAME	
STREET ADDRESS	31416 AGOURA ROAD, #200	63 STREET ADDRESS	
CITY-ST-ZIP	WESTLAKE VILLAGE CA 91361	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is accurately entered and 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 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 above, or on an attachment with an address.

SIGNATURE: William D. Dallas 2/7/95 (408)955-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

0460008 FP