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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:37

DOCUMENT # **F93000004745 (6)**

1. Corporation Name
PLM FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
ONE MARKET PLAZA STEUART STREET TOWER, SUITE 900 SAN FRANCISCO CA 94105	ONE MARKET PLAZA STEUART STREET TOWER, SUITE 900 SAN FRANCISCO CA 94105

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/20/1993	3a. Date of Last Report: 02/16/1994
4. FEI Number: 94-2989348	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
C/O CT 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 reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HIRSCH, ALLEN V	12 NAME	
STREET ADDRESS	1 MARKET PLAZA, STEUART ST. TOWER, #900	13 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	14 CITY-ST-ZIP	
TITLE	VCFO	21 TITLE	☐ Change ☐ Addition
NAME	ALLGOOD, J M	22 NAME	
STREET ADDRESS	1 MARKET PLAZA, STEUART ST. TOWER, #900	23 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	24 CITY-ST-ZIP	
TITLE	VT	31 TITLE	☐ Change ☐ Addition
NAME	DAVIS, DAVID J	32 NAME	
STREET ADDRESS	1 MARKET PLAZA, STEUART ST. TOWER, #900	33 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	34 CITY-ST-ZIP	
TITLE	VS	41 TITLE	☐ Change ☐ Addition
NAME	PEARY, STEPHEN	42 NAME	
STREET ADDRESS	1 MARKET PLAZA, STEUART ST. TOWER, #900	43 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	44 CITY-ST-ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	SCHWERIN, LORRAINE	52 NAME	
STREET ADDRESS	1 MARKET PLAZA, STEUART ST. TOWER, #900	53 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is accurately reported 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 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 added from the attached with an address.

SIGNATURE Lorraine Schwerin Lorraine Schwerin, Assistant Secretary 2/1/95 415/905-7360
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0403007 FP