

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

FILED

May 12 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 # F94000002575 (8)

1. Corporation Name

PACTRUST PACIFIC HOLDINGS, INC.



Principal Place of Business

255 SHORELINE DRIVE, STE 600
REDWOOD CITY CA 94118

Mailing Address

255 SHORELINE DRIVE, STE 600
REDWOOD CITY CA 94065-1404

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

05/17/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

94-2932107

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

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	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GOODWIN, KENT	
STREET ADDRESS	255 SHORELINE DR STE 600	
CITY - ST - ZIP	REDWOOD CITY CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PHANG, BERNARD	
STREET ADDRESS	255 SHORELINE DR STE 600	
CITY - ST - ZIP	REDWOOD CITY CA	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GAMLIN, PAUL A	
STREET ADDRESS	255 SHORELINE DRIVE STE 600	
CITY - ST - ZIP	REDWOOD CITY CA	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	CHILD, S B	
STREET ADDRESS	255 SHORELINE DRIVE STE 600	
CITY - ST - ZIP	REDWOOD CITY CA	
TITLE	DVP DP	<input type="checkbox"/> DELETE
NAME	TCHAU, GUY	
STREET ADDRESS	255 SHORELINE DRIVE STE 600	
CITY - ST - ZIP	REDWOOD CITY CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PATEL, REKHA	
STREET ADDRESS	255 SHORELINE DR STE 600	
CITY - ST - ZIP	REDWOOD CITY CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	Michael Card	Treasurer, Director	255 Shoreline Dr Suite 600	
		Redwood City, CA	94065	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/97

415 593-3100

CR2E034 (9/96)