

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

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 94118

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1994

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. 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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ 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	TD	<input type="checkbox"/> DELETE
NAME	CARD, MICHAEL	
STREET ADDRESS	255 SHORELINE DR, STE. 600	
CITY-ST-ZIP	REDWOOD CITY CA 94065	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	CHILD, S BRADFORD	
STREET ADDRESS	255 SHORELINE DRIVE STE 600	
CITY-ST-ZIP	REDWOOD CITY CA 94065	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	TCHEAU, GUY	
STREET ADDRESS	255 SHORELINE DRIVE STE 600	
CITY-ST-ZIP	REDWOOD CITY CA 94065	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PATEL, REKHA	
STREET ADDRESS	255 SHORELINE DR STE 600	
CITY-ST-ZIP	REDWOOD CITY CA 94065	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Director/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Gregory Johnson	
13 STREET ADDRESS	255 Shoreline Drive, Suite 600	
14 CITY-ST-ZIP	Redwood City, CA 94065	
21 TITLE	Director/NP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Scott Peterson	
23 STREET ADDRESS	255 Shoreline Drive, Suite 600	
24 CITY-ST-ZIP	Redwood City, CA 94065	
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		

14. I 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.

CR2E034 (10/97)