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 MAR 16 AM 11:16

DOCUMENT # **F94000005196 (0)**

1. Corporation Name
LANDSAFE FINANCE, INC.

Principal Place of Business	Mailing Address
155 N. LAKE AVE., M/S 10-11 PASADENA CA 91101	155 N. LAKE AVE., M/S 10-11 PASADENA CA 91101

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/06/1994
3a. Date of Last Report:

2. Principal Place of Business 21:
2a. Mailing Address 26:
4. FEI Number: 95-4509766 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23:
City & State 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24: Country 25:
Zip 29: Country 30:
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.
1201 HAYS ST., #105
TALLAHASSEE FL 32301

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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	LENZ, SIDNEY	1.2 NAME	
STREET ADDRESS	155 N. LAKE AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PASADENA CA 91101	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	BARNES, GILBERT	2.2 NAME	
STREET ADDRESS	155 N. LAKE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PASADENA CA 91101	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	SAMUELS, SANDOR E	3.2 NAME	
STREET ADDRESS	155 N. LAKE AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PASADENA CA 91101	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	SANDEFUR, JENNIFER	4.2 NAME	
STREET ADDRESS	155 N. LAKE AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PASADENA CA 91101	4.4 CITY-ST-ZIP	
TITLE	DC	5.1 TITLE	☐ Change ☐ Addition
NAME	MOZILO, ANGELO	5.2 NAME	
STREET ADDRESS	155 N. LAKE AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PASADENA CA 91101	5.4 CITY-ST-ZIP	
TITLE	DC	6.1 TITLE	☐ Change ☐ Addition
NAME	LOEB, DAVID S	6.2 NAME	
STREET ADDRESS	155 N. LAKE AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PASADENA CA 91101	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 on an attachment with an address.

SIGNATURE: _____ 3/8/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date

Sidney Lenz, President & C.E.O. (818)583-1962
Officer or Director Title — Daytime Phone #

000005196 CP