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FILED  
May 01 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 # F95000000199 (8)

1. Corporation Name

FIRST ALLIANCE MORTGAGE COMPANY



Principal Place of Business

Mailing Address

17305 VON KARMAN AVE  
IRVINE CA 92714-203  
US

17305 VON KARMAN AVE  
IRVINE CA 92714-203  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip  
92614-6203

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip  
92614-6203

Country

30

3. Date Incorporated or Qualified

01/12/1995

4. FET Number

95-2944875

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$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

THE PRENTICE HALL CORPORATION SYSTEM, INC.  
110 N. MAGNOLIA ST  
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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDCE ☐ DELETE

NAME CHISICK, BRIAN  
STREET ADDRESS 17305 VON KARMAN AVE  
CITY-ST-ZIP IRVINE CA 03

TITLE VD ☐ DELETE

NAME CHISICK, SARAH  
STREET ADDRESS 17305 VON KARMAN AVE  
CITY-ST-ZIP IRVINE CA 03

TITLE VD ☐ DELETE

NAME TOM, PEGGY  
STREET ADDRESS 17305 VON KARMAN AVE  
CITY-ST-ZIP IRVINE CA 03

TITLE V ☐ DELETE

NAME BOLLONG, BRUCE  
STREET ADDRESS 17305 VON KARMAN AVE  
CITY-ST-ZIP IRVINE CA 03

TITLE V ☐ DELETE

NAME SMITH, JEFFREY  
STREET ADDRESS 17305 VON KARMAN AVE  
CITY-ST-ZIP IRVINE CA 03

TITLE V ☐ DELETE

NAME SULLIVAN, PATTY  
STREET ADDRESS 17305 VON KARMAN AVE  
CITY-ST-ZIP IRVINE CA 03

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE EVP/Marketing, Telemarketing ☒ Change ☐ Addition

1.2 NAME Randy McPhillips  
1.3 STREET ADDRESS 17305 Von Karman Avenue  
1.4 CITY-ST-ZIP Irvine, CA 92614

2.1 TITLE VP/Funding ☐ Change ☒ Addition

2.2 NAME Dennis Deboer  
2.3 STREET ADDRESS 17305 Von Karman Avenue  
2.4 CITY-ST-ZIP Irvine, CA 92614

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE

4/21/1998

(714) 324-8500

CR2E034 (10/97)