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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90019 026 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001424

1. Corporation Name
INDYMAC, INC.

Principal Place of Business

155 NORTH LAKE AVE
ATTN: LEGAL DEPT
PASADENA CA 91101
US

Mailing Address

155 N LAKE AVE
ATTN: LEGAL DEPT
PASADENA CA 91101
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1995

4. FEI Number

95-4427753

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 the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

23 Pasadena, CA

City & State

27

City & State

Zip

24

Country

25

Zip

28

Country

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 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

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 P ☐ DELETE

NAME PERRY, MICHAEL W
STREET ADDRESS 35 N. LAKE AVE.
CITY-ST-ZIP PASADENA CA 91101

TITLE VS ☐ DELETE

NAME CHURNEY, MARIANNE
STREET ADDRESS 35 N. LAKE AVE.
CITY-ST-ZIP PASADENA CA 91101

TITLE SVP ☐ DELETE

NAME MCGOVNEY, SUSAN
STREET ADDRESS 155 N LAKE AVE
CITY-ST-ZIP PASADENA CA 91101

TITLE D ☐ DELETE

NAME MCCALLION
STREET ADDRESS 155 N LAKE AVE
CITY-ST-ZIP PASADENA CA 91101

TITLE D ☐ DELETE

NAME SIERACKI, ERIC P
STREET ADDRESS 35 N. LAKE AVE.
CITY-ST-ZIP PASADENA CA

TITLE D ☐ DELETE

NAME WOHL, RICHARD H
STREET ADDRESS 35 N. LAKE AVE.
CITY-ST-ZIP PASADENA CA 91101

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

155 North Lake Avenue

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

155 North Lake Avenue

2.4 CITY-ST-ZIP

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

McCallion, Anne

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

155 North Lake Avenue
Pasadena, CA 91101-78

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

155 North Lake Avenue

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, with all other like empowered.

SIGNATURE:

Susan E. McGovney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan E. McGovney

Date

(626) 304-8580

Daytime Phone #

CR2E034 (11/98)