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

FILED Mar 11 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # F9500001639 (2) FINANCE 500, INC. Principal Place of Business Mailing Address 19762 MACARTHUR BLVD. 19762 MACARTHUR BLVD. IRVINE CA 92715 DO NOT WRITE IN THIS SPACE IRVINE CA 92715 3. Date Incorporated or Qualified 04/05/1995 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 95-3771060 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible 92012 92612 Yes **f**ANo Personal Property Tax due June 30. 24 29 o, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., #105 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City 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, type a or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 11 TITLE HICKS, ROBERT L 1.2 NAME NAME 19762 MACARTHUR BLVD., #200 1,3 STREET ADDRESS STREET ADDRESS **IRVINE CA 92715** 1.4 CITY-ST ZIP CITY-ST-ZIP DELFTE Addition TITLE 2.1 TITLE MACLINTOCK, WALTER JON 2.2 NAME NAME 19762 MACARTHUR BLVD., #200 2.3 STREET ADDRESS STREET ADDRESS **IRVINE CA 92715** 92612 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition -TITLE 4 1 THILE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City-St-ZiP CITY-S1-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

SIGNATURE:

6 1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 City-ST-ZIP 14. Thereby 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 suppliemental 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

Addition

714)253-3430