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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004018 (6)

1. Corporation Name

GENEVA CORPORATE FINANCE, INC.



Principal Place of Business

5 PARK PLAZA, SUITE 1900
IRVINE CA 92614

Mailing Address

~~LEGAL DEPT~~
5 PARK PLAZA, SUITE 1900
IRVINE CA 92614-5955
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 ZIP 92614-8503

25 Country

2a. Mailing Address

26 Attn: Legal Dept. (Ashley)

27 Suite, Apt. #, etc.

28 City & State

29 ZIP 92614-8503

30 Country

3. Date Incorporated or Qualified

08/21/1995

3a. Date of Last Report

02/14/1996

4. FEI Number

33-0649326

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 has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S 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

N/A

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 ☒ DELETE

NAME TROOB, DAVID H
STREET ADDRESS 5 PARK PLAZA, SUITE 1900
CITY-ST-ZIP IRVINE CA 92714

TITLE ☐ DELETE

NAME KUHN, ROBERT L
STREET ADDRESS 5 PARK PLAZA, SUITE 1900
CITY-ST-ZIP IRVINE CA 92714

TITLE ☐ DELETE

NAME REIFF, ELLIOT B
STREET ADDRESS 5 PARK PLAZA, SUITE 1900
CITY-ST-ZIP IRVINE CA 92714

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

92614-8503

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

92614-8503

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

92614-8503

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

VP
Clingerman, Edgar A.
13585 Feather Sound Dr., Suite 440
Clearwater, FL 34622-5587

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 do 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: (Elliott B. Reiff) ELLIOT B. REIFF 4/18/97 (714) 756-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)