SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F95000004117 (6)**

1. Corporation Name
IMPERIAL BUSINESS CREDIT, INC.

Principal Place of Business	Mailing Address
20371 IRVINE AVE #104 SANTA ANA HEIGHTS CA 92707	20371 IRVINE AVE #104 SANTA ANA HEIGHTS CA 92707

3. Date Incorporated or Qualified: **08/24/1995** | 3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 16935 West Bernardo Drive	26 16935 West Bernardo Drive
Suite, Apt. #, etc. 22 Suite 150	Suite, Apt. #, etc. 27 Suite 150
City & State 23 San Diego, CA	City & State 28 San Diego, CA
Zip / Country 24 92127 / 25 USA	Zip / Country 29 92127 / 30 USA

4. FEI Number: **33-0664339** ☐ 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

CORPAMERICA, INC
1525 S ANDREWS AVE #216
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name: NationsCorp Registered Agents, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 526 East Park Avenue
83
84 City: Tallahassee FL 85 Zip Code: 32301

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: Statement of Change of Registered Agent filed with Amendment Filing Section — DATE: 6/24/96
Signature, type or print name of individual with authority to sign above (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SNAVELY, H. WAYNE 20371 IRVINE AVE #104 SANTA ANA HEIGHTS CA 92707	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition 23550 Hawthorne Blvd., Bldg 1, Suite 110 Torrance CA 90505
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, LARRY 20371 IRVINE AVE #104 SANTA ANA HEIGHTS CA 92707	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition 23550 Hawthorne Blvd, Bldg 1, Suite 110 Torrance CA 90505
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHUGERMAN, STEPHEN 12300 WILSHIRE BLVD LOS ANGELES CA 90025	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WALDEN, PHILLIP A 16935 W BERNARDO DR #150 SAN DIEGO CA 92127	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MANISCALCO, ANTHONY E II 16935 W BERNARDO DR #150 SAN DIEGO CA 92127	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A.E. Maniscalco II — 8-1-96 — (619)675-1070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #