

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

FILED
May 15 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 # F95000004309 (9)

1. Corporation Name

AMERICAN FINANCE GROUP, INC.

Principal Place of Business

STEWART STREET TOWER, #900
ONE MARKET PLAZA
SAN FRANCISCO CA 94105

Mailing Address

STEWART STREET TOWER, #900
ONE MARKET PLAZA
SAN FRANCISCO CA 94105-1019

3. Date Incorporated or Qualified

09/06/1995

3a. Date of Last Report

05/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

4. FEI Number

94-3226128

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

C T CORPORATION SYSTEM
1200-SOUTH 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME D. R. DUGAN
STREET ADDRESS 98 N. WASHINGTON ST
CITY-ST-ZIP BOSTON MA 02114

TITLE VD
NAME ROBERT N. TIDBALL
STREET ADDRESS ONE MARKET, STEUART STREET TOWER #900
CITY-ST-ZIP SAN FRANCISCO CA 94105

TITLE SD
NAME PEARY, STEPHEN
STREET ADDRESS 1 MARKET ST., STEUART ST. TOWER, #900
CITY-ST-ZIP SAN FRANCISCO CA 94105

TITLE VTD
NAME ALLGOOD, J M
STREET ADDRESS 1 MARKET ST., STEUART ST. TOWER, #900
CITY-ST-ZIP SAN FRANCISCO CA 94105

TITLE V
NAME GOODRICH, DOUGLAS P
STREET ADDRESS ONE MARKET STEUART ST. TWR. #900
CITY-ST-ZIP SAN FRANCISCO CA 94105

TITLE AS
NAME SCHWERIN, LORRAINE
STREET ADDRESS ONE MARKET, STEUART ST. TOWER, #900
CITY-ST-ZIP SAN FRANCISCO CA 94105

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

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

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

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:

Lorraine Schwerin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/97 415/905-7360
Date Daytime Phone #

CR2E034 (9/96)