

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/06/1995

2. Principal Place of Business
21 STEWART STREET TOWER
Suite, Apt. #, etc
22 #800
City & State
23
Zip
24
Country
25

2a. Mailing Address
27 STEWART STREET TOWER
Suite, Apt. #, etc.
28
City & State
29
Zip
30
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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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
85 Zip Code
FL

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	PD	<input type="checkbox"/> DELETE
NAME	D. R. DUGAN	
STREET ADDRESS	98 N. WASHINGTON ST	
CITY - ST - ZIP	BOSTON MA 02114	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	ROBERT N. TIDBALL	
STREET ADDRESS	ONE MARKET, STEWART STREET TOWER #900	
CITY - ST - ZIP	SAN FRANCISCO CA 94105	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PEARY, STEPHEN	
STREET ADDRESS	1 MARKET ST., STEWART ST. TOWER, #900	
CITY - ST - ZIP	SAN FRANCISCO CA 94105	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	ALLGOOD, J M	
STREET ADDRESS	1 MARKET ST., STEWART ST. TOWER, #900	
CITY - ST - ZIP	SAN FRANCISCO CA 94105	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GOODRICH, DOUGLAS P	
STREET ADDRESS	ONE MARKET STEWART ST. TWR. #900	
CITY - ST - ZIP	SAN FRANCISCO CA 94105	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SCHWERIN, LORRAINE	
STREET ADDRESS	ONE MARKET, STEWART ST. TOWER, #900	
CITY - ST - ZIP	SAN FRANCISCO CA 94105	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SUSAN SANTO
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: Lorraine Schwerin

4/2/98 415/905-7360

CR2E034 (10/97)