

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1-2

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000004929 (4)

1. Corporation Name

INDEPENDENT LENDING CORPORATION



Principal Place of Business

35 NORTH LAKE AVENUE, 7TH FLOOR
PASADENA CA 91101

Mailing Address

35 NORTH LAKE AVENUE, 7TH FLOOR
PASADENA CA 91101

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 35 North Lake Avenue

Suite, Apt. #, etc.

27 7th Floor, Legal Dept.

City & State

28 Pasadena, CA

Zip

29 91101

Country

30

3. Date Incorporated or Qualified

10/11/1995

3a. Date of Last Report

4. FEI Number

95-4487273

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

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 date of signature

(If the Registered Agent is an individual, the date of registration)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PERRY, MICHAEL W	
STREET ADDRESS	35 NORTH LAKE AVENUE	
CITY- ST- ZIP	PASADENA CA	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	WOHL, RICHARD H	
STREET ADDRESS	35 NORTH LAKE AVENUE	
CITY- ST- ZIP	PASADENA CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GRAHN, CARMELLA L	
STREET ADDRESS	35 NORTH LAKE AVENUE	
CITY- ST- ZIP	PASADENA CA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	IREY, STEPHANIE	
STREET ADDRESS	35 NORTH LAKE AVENUE	
CITY- ST- ZIP	PASADENA CA	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	MOZIO, ANGELO R	
STREET ADDRESS	155 NORTH LAKE AVENUE	
CITY- ST- ZIP	PASADENA CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOEB, DAVID S	
STREET ADDRESS	155 NORTH LAKE AVENUE	
CITY- ST- ZIP	PASADENA CA	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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	

200001791892
-04/24/96-01011-010
***200.00

74.23

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Stephanie Irely, Vice President 4/19/96 800-669-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

CR2E034 (12/95)

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STATE OF FLORIDA
PROFIT CORPORATION ANNUAL REPORT 1996

INDEPENDENT NATIONAL MORTGAGE CORPORATION

Item 12. Officers and Directors (continued)

NAME	Stephanie Ireys	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	Vice President, Counsel and Assistant Secretary	
STREET ADDRESS	35 North Lake Avenue	
CITY-ST-ZIP	Pasadena, California 91101	