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PROFIT CORPORATION ANNUAL REPORT

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CITY-ST-ZIP

SIGNATURE: Beverly Floming



FLORIDA DEPARTMENT OF STATE

FILED

Apr 14 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500005428 (6)

MORTGAGE CAPITAL RESOURCE CORPORATION

Principal Place of Business Mailing Address 2038 IOWA AVENUE 2038 IOWA AVENUE SUITE 100 SUITE 100 DO NOT WRITE IN THIS SPACE **RIVERSIDE CA 92507** RIVERSIDE CA 92507 3. Date Incorporated or Qualified 11/06/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 33-0427664 21 26 Not Applicable Suite, Apl. #, etc Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 30 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 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 (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE C.E.O./D TITLE 11 TITLE KETNER, KENNETH NAME 1.2 NAME CRZE034 3 HUTTOBN CENTRE DR., #150 STREET ADDRESS 1.3 STREET ADDRESS SANTA ANA CA 92707 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE LUBY, ROGER 2.2 NAME NAME 3 HUTTON CENTRE DR., #150 2.3 STREET ADORESS STREET ADDRESS SANTA ANA CA 92707 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE FLEMING, BEVERLY NAME 3.2 NAME 2038 IOWA AVE., SUITE 100 STREET ADDRESS 3.3 STREET ADDRESS RIVERSIDE CA CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE CFO TITLE BAINGO, CRAIG NAME 4. 2 NAME Val J. Benincosa 850 EAST WASHINGTON ST., SECOND FLOOR STREET ADDRESS 4.3 STREET ADDRESS 2038 Iowa Avenue, #100 **COLTON CA 92324** 4.4 CITY-ST-ZIP CITY-ST-ZIP Riverside, Ca. 92507 DELETE X Addition TITLE 5.1 TITEF P/COO NAME 5.2 NAME William M. Jacobs 6700 Fallbrook Ave. #293 STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP West Hills, Ca. 91307 ■ DELETE ☐ Change ■ Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 supplientental 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.

enw.

(909) 787~4088