

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**

08-28-2000 90034 002 \*\*\*550.00

**DOCUMENT # F96000002029**

1. Entity Name

**AAMES FUNDING CORPORATION**

Principal Place of Business

**350 S GRAND AVE  
52 FL  
LOS ANGELES CA 90071  
US**

Mailing Address

**350 S. GRAND AVE.  
52ND FL  
LOS ANGELES CA 90071  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**95-2622032**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KORNSWIET, NEIL B 3347 MICHELSON DR. IRVINE CA 92612</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD SKLAR, DAVID A 350 SOUTH GRAND AVE, 52ND FLOOR LOS ANGELES CA 90071</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO, DIRECTOR A. JAY MEYERSON 350 S. Grand Ave. 52nd Flr. Los Angeles, CA 90071</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO, Director JON D. VAN DEUREN 350 S. Grand Ave. 52nd Flr. Los Angeles, CA 90071</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY John F. Madden, Jr. 350 S. Grand Ave. 52nd Flr. Los Angeles, CA 90071</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASSISTANT SECRETARY Ralph W. Flick 350 S. Grand Ave. 52nd Flr. Los Angeles, CA 90071</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ralph W. Flick, Assistant Secretary****8-22-00**

Date

**(313) 210-5000**

Daytime Phone #

CR2E034 (5/00)

**Aames**

Attachment

Aames Financial  
Corporation

F96000002029  
A0074650

350 South Grand Avenue Tel: 323.210.5000  
52nd Floor  
Los Angeles, CA 90071

Janet J. Lopez  
Licensing Administrator  
Direct Line: (323) 210-4872  
Direct Fax: (323) 210-5026  
Email: jlopez@aamescorp.com

August 22, 2000

Division of Corporations.  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Aames Funding Corporation  
2000 Uniform Business Report  
Document # F96000002029  
Legal Dept. File: AFC (FL) – Licensing (Reports)

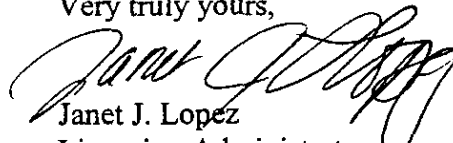
Gentlemen:

Enclosed herewith for filing, please find the 2000 Uniform Business Report for the above-referenced corporation along with our remittance in the amount of \$550.00.

Please acknowledge receipt of this filing by date stamping the enclosed copy of this letter and returning the same to the undersigned in the self-addressed, stamped envelope provided for your convenience.

If you have any questions regarding this matter, please do not hesitate to call me at (323) 210-4872.

Very truly yours,

  
Janet J. Lopez  
Licensing Administrator

JJL/ss

Enclosure

S:\LEGAL\SHR\SANDRA\FLORIDA\UBR.AFC.DOC



**Aames**

Attachment

Aames Financial  
Corporation

F96000002029

A0074650

350 South Grand Avenue Tel: 323.210.5000  
52nd Floor  
Los Angeles, CA 90071

Janet J. Lopez  
Licensing Administrator  
Direct Line: (323) 210-4872  
Direct Fax: (323) 210-5026  
Email: jlopez@aamescorp.com

August 22, 2000

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: Aames Funding Corporation**  
**2000 Uniform Business Report**  
Document # F96000002029  
Legal Dept. File: AFC (FL) – Licensing (Reports)

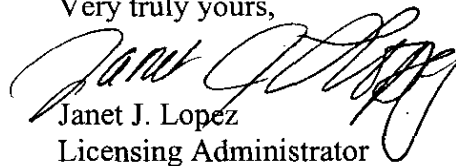
Gentlemen:

Enclosed herewith for filing, please find the 2000 Uniform Business Report for the above-referenced corporation along with our remittance in the amount of \$550.00.

Please acknowledge receipt of this filing by date stamping the enclosed copy of this letter and returning the same to the undersigned in the self-addressed, stamped envelope provided for your convenience.

If you have any questions regarding this matter, please do not hesitate to call me at (323) 210-4872.

Very truly yours,

  
Janet J. Lopez  
Licensing Administrator

JJL/ss

Enclosure

S:\LEGAL\SHR\SANDRA\FLORIDA\UBR.AFC.DOC

