

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002029

FILED
Jan 06, 2004
Secretary of State

Entity Name: AAMES FUNDING CORPORATION

Current Principal Place of Business:

350 S GRAND AVE
43RD FL
LOS ANGELES, CA 90071 US

New Principal Place of Business:

Current Mailing Address:

350 S GRAND AVE
43RD FL
LOS ANGELES, CA 90071 US

New Mailing Address:

FEI Number: 95-2622032 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES INC
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: MEYERSON, A JAY
Address: 350S. GRAND AVE 43RD FL
City-St-Zip: LOS ANGELES, CA 90071

Title: CFOD () Delete
Name: VAN DEUREN, JON D
Address: 350 S. GRAND AVE 42ND FL
City-St-Zip: LOS ANGELES, CA 90071

Title: EV () Delete
Name: MADDEN, JOHN F JR
Address: 350 S. GRAND AVE 43RD FL
City-St-Zip: LOS ANGELES, CA 90071

Title: EV () Delete
Name: DOWNING, JAMES H JR
Address: 3347 MICHELSON DR, STE 300
City-St-Zip: IRVINE, CA 926121692

Title: EV () Delete
Name: MATTHEWS, MICHAEL J
Address: 3347 MICHELSON DR #300
City-St-Zip: IRVINE, CA 92612

Title: S () Delete
Name: FULLEN, HARRY J
Address: 3347 MICHELSON DR #300
City-St-Zip: IRVINE, CA 92612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: FULLEN, HARRY J
Address: 3347 MICHELSON DR #300
City-St-Zip: IRVINE, CA 92612

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN F. MADDEN, JR.

EVP

01/06/2004

Electronic Signature of Signing Officer or Director

_____ Date