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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F96000003127 (5)**

1. Corporation Name
PARAGON ACCEPTANCE CORPORATION

Principal Place of Business	Mailing Address
27405 PUERTA REAL, SUITE 200 MISSION VIEJO CA 92691	27405 PUERTA REAL, SUITE 200 MISSION VIEJO CA 92691-6314

3. Date Incorporated or Qualified: 06/20/1996	3a. Date of Last Report: N/A
4. FEI Number: 33-0653501	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOP ☐ DELETE	1.1 TITLE	S ☐ Change ☑ Addition
NAME	LAMONT, DENNIS D	1.2 NAME	NANCY FERGUSON
STREET ADDRESS	27405 PUERTA REAL, SUITE 200	1.3 STREET ADDRESS	200 S HANLEY, SUITE 800
CITY-ST-ZIP	MISSION VIEJO CA 92691	1.4 CITY-ST-ZIP	CLAYTON, MO 63105
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRENNAN, MARTIN J	2.2 NAME	
STREET ADDRESS	27405 PUERTA REAL, SUITE 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	MISSION VIEJO CA 92691	2.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LAMONT, MARILYN	3.2 NAME	
STREET ADDRESS	200 SOUTH HANLEY, SUITE 800	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLAYTON MO 63105	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RAHMAN, MUHIT U	4.2 NAME	
STREET ADDRESS	11111 SANTA MONICA BLVD SUITE 1127	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90025	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MCCARTHY, FREDERICK W	5.2 NAME	
STREET ADDRESS	SIXTY STATE STREET, 21ST FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02109	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	GLOUCHEVITCH, MICHEL	6.2 NAME	
STREET ADDRESS	11111 SANTA MONICA BLVD SUITE 1127	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90025	6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: Muhit U Rahman PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/97 314/919-1543
Date / Daytime Phone #