

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000005108 (3)

1. Corporation Name

FULL SPECTRUM LENDING, INC.



Principal Place of Business

155 N. LAKE AVENUE  
PASADENA CA 91101

Mailing Address

155 N. LAKE AVENUE  
PASADENA CA 91101-1857

3. Date Incorporated or Qualified

10/03/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

95-4598038

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARVEY, JOE P	
STREET ADDRESS	225 N. MORGAN RANCH ROAD	
CITY-ST-ZIP	GLENDORA CA 91741	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KELSEY, SUSAN E	
STREET ADDRESS	3818 BENEDICT CANYON DRIVE	
CITY-ST-ZIP	SHERMAN OAKS CA 91423	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	MCLAUGHLIN, THOMAS K	
STREET ADDRESS	796 HOLVERSTON COURT	
CITY-ST-ZIP	SIMI VALLEY CA 93065	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	PETREY, JANET L	
STREET ADDRESS	1804 MONTEREY ROAD	
CITY-ST-ZIP	SOUTH PASADENA CA 91030	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	PICK, ANNE	
STREET ADDRESS	1003 CALLE FRONDOSA	
CITY-ST-ZIP	SAN DIMAS CA 91773	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SAMUELS, SANDOR E	
STREET ADDRESS	17527 EMBASSY DRIVE	
CITY-ST-ZIP	ENCINO CA 91316	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	155 N. Lake Ave.
1.4 CITY-ST-ZIP	Pasadena, Ca 91101
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	155 N. Lake Ave.
2.4 CITY-ST-ZIP	Pasadena, CA 91101
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	155 N. Lake Ave.
3.4 CITY-ST-ZIP	Pasadena, CA 91101
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	155 N. Lake Ave.
4.4 CITY-ST-ZIP	Pasadena, CA 91101
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ANNE BANDUCCI
5.3 STREET ADDRESS	155 N. Lake Ave.
5.4 CITY-ST-ZIP	Pasadena, CA 91101
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	155 N. Lake Ave.
6.4 CITY-ST-ZIP	Pasadena, CA 91101

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:

SUSAN E. KELSEY

1-27-97

800-669-6094 X 5169

CR2E034 (9/96)