

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

FILED

Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F97000004601 (7)**
1. Corporation Name
IMPERIAL COMMERCIAL CAPITAL CORPORATION



Principal Place of Business 1 PARK PLAZA, STE. 430 IRVINE CA 92614	Mailing Address 1 PARK PLAZA, STE. 430 IRVINE CA 92614
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1 Park Plaza, 11th Floor Suite, Apt. #, etc.		2a. Mailing Address 26 1 Park Plaza, 11th Floor Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/02/1997	
22 City & State 23 Irvine, CA Zip 24 92614		27 City & State 28 Irvine, CA Zip 29 92614		4. FEI Number 33-0738545 Applied For <input type="checkbox"/> Not Applicable	
25 Country Orange		30 Country Orange		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CV	<input type="checkbox"/> DELETE	1.1 TITLE D/Exec. Vice Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ASHMORE, WILLIAM S		1.2 NAME Ashmore, William S.	
STREET ADDRESS 20371 IRVINE AVE.		1.3 STREET ADDRESS 20371 Irvine Avenue	
CITY-ST-ZIP SANTA ANA HEIGHTS CA 92707		1.4 CITY-ST-ZIP Santa Ana Heights, CA 92707	
TITLE DP	<input type="checkbox"/> DELETE	2.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ENDRESEN, WILLIAM D		2.2 NAME Endresen, William D.	
STREET ADDRESS 1 PARK PLAZA, STE. 430		2.3 STREET ADDRESS 1 Park Plaza, 11th Floor	
CITY-ST-ZIP IRVINE CA 92614		2.4 CITY-ST-ZIP Irvine, CA 92614	
TITLE DST	<input type="checkbox"/> DELETE	3.1 TITLE DST/Sr. Vice Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSON, RICHARD J		3.2 NAME Johnson, Richard J.	
STREET ADDRESS 20371 IRVINE AVE.		3.3 STREET ADDRESS 20371 Irvine Avenue	
CITY-ST-ZIP SANTA ANA HEIGHTS CA 92707		3.4 CITY-ST-ZIP Santa Ana Heights, CA 92707	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE Sr. Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Glass-Schannault, Mary	
STREET ADDRESS		4.3 STREET ADDRESS 20371 Irvine Avenue	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Santa Ana Heights, CA 92707	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE C/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME Joseph R. Tomkinson	
STREET ADDRESS		5.3 STREET ADDRESS 20371 Irvine Avenue	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Santa Ana Heights, CA 92707	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied in 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 supplementary 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:

William D. Endresen 01/13/98 (714) 477-9100

CR2E034 (10/97)