

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 20 1998 8:00am
Secretary of State

DOCUMENT # **F97000005060 (5)**

1. Corporation Name

INDYMAC AGENCY, INC.



Principal Place of Business

**15050 AVENUE OF SCIENCE, SUITE 101
SAN DIEGO CA 92128**

Mailing Address

**15050 AVENUE OF SCIENCE, SUITE 101
SAN DIEGO CA 92128**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1997

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

155 North Lake Ave

27

Suite, Apt. #, etc.

28

Att: Legal Dept

29

City & State

30

Pasadena, CA 91101

31

Zip

Country

32

91101

33

USA

4. FEI Number

95-4604418

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 **PVC** ☐ DELETE

NAME **FAULK, RICHARD D**
STREET ADDRESS **15050 AVENUE OF SCIENCE, SUITE 101**
CITY-ST-ZIP **SAN DIEGO CA 92128**

TITLE **DV** ☐ DELETE

NAME **ATLAS, ALAN L**
STREET ADDRESS **15050 AVENUE OF SCIENCE, SUITE 101**
CITY-ST-ZIP **SAN DIEGO CA 92128**

TITLE **S** ☐ DELETE

NAME **FRIDELL, RICHARD C**
STREET ADDRESS **15050 AVENUE OF SCIENCE, SUITE 101**
CITY-ST-ZIP **SAN DIEGO CA 92128**

TITLE **T** ☒ DELETE

NAME **GROSS, JAMES P**
STREET ADDRESS **155 NORTH LAKE AVENUE**
CITY-ST-ZIP **PASADENA CA 91101**

TITLE **C** ☐ DELETE

NAME **PERRY, MICHAEL W**
STREET ADDRESS **155 NORTH LAKE AVENUE**
CITY-ST-ZIP **PASADENA CA 91101**

TITLE **D** ☐ DELETE

NAME **WOHL, RICHARD H**
STREET ADDRESS **155 NORTH LAKE AVENUE**
CITY-ST-ZIP **PASADENA CA 91101**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Asst. Secretary / VP** ☐ Change ☒ Addition

1.2 NAME **Susan McGowen**
1.3 STREET ADDRESS **155 N. Lake Ave**
1.4 CITY-ST-ZIP **Pasadena, CA 91101**

2.1 TITLE **T** ☐ Change ☐ Addition

2.2 NAME **Carmella Grahm**
2.3 STREET ADDRESS **155 N. Lake Ave**
2.4 CITY-ST-ZIP **Pasadena, CA 91101**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

SIGNATURE REQUIRED Susan McGowen 8/13/98 626-666-4927

CR2E034 (5/98)