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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

GENEVA SUNROCK FINANCIAL CORP.

Principal Place of Business

Mailing Address

5 Park Plaza, Suite 1900
Irvine, CA 92614-8503

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

November 3, 1997

2. Principal Place of Business

2a. Mailing Address

21 5 Park Plaza

26 5 Park Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1900

27 Suite 1900

City & State

City & State

23 Irvine, CA

28 Irvine, CA

Zip

Country

Zip

Country

24 92614-8503

25 USA

29 92614-8503

30 USA

4. FEI Number

52-2073587

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 owes the current year Intangible
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY

XXXXXX XXXX XXXX

XXXXXX XXXX XXXX XXXX XXXX XXXX

1201 HAYS STREET

TALLAHASSEE, FLORIDA 32301

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 CHAIRMAN, CEO, DIRECTOR
NAME DAVID H. TROOB
STREET ADDRESS 5 PARK PLAZA, SUITE 1900
CITY-ST-ZIP IRVINE, CA 92614-8503

1.1 TITLE KATSUHIKO MASADA - DIR.
1.2 NAME 50 COLUMBUS AVE, #319
1.3 STREET ADDRESS TUCKAHOE, NEW YORK
1.4 CITY-ST-ZIP

TITLE ELLIOT B. REIFF - CFO, DIR.
NAME
STREET ADDRESS 5 PARK PLAZA, SUITE 1900
CITY-ST-ZIP IRVINE, CA 92614

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE LAURENCE BRESLER
NAME SECRETARY, DIRECTOR
STREET ADDRESS 1601 HEREFORD ROAD
CITY-ST-ZIP HEWLETT, NEW YORK

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DIRECTOR
NAME ROBERT L. KUHN
STREET ADDRESS 5 PARK PLAZA, SUITE 1900
CITY-ST-ZIP IRVINE, CA 92614

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE THOMAS L. KEMPNER
NAME DIRECTOR
STREET ADDRESS 5 PARK PLAZA, SUITE 1900
CITY-ST-ZIP IRVINE, CA 92614

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE: ELLIOT B. REIFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Elliot B. Reiff 2/3/99 949/756-2200

CR20234/11/99