

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90187 036 \*\*\*150.00

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DOCUMENT # F98000001885

1. Corporation Name

FRANCHISE MORTGAGE ACCEPTANCE COMPANY



Principal Place of Business

1888 CENTURY PARK EAST, 3RD FLOOR  
LOS ANGELES CA 90067

Mailing Address

1888 CENTURY PARK EAST, 3RD FLOOR  
LOS ANGELES CA 90067

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

04/02/1998

4. FEI Number

95-4649104

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEOP  
KNYAL, WAYNE L  
1888 CENTURY PARK EAST, 3RD FLOOR  
LOS ANGELES CA 90067

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EV  
RINALDI, JOHN W  
FIVE GREENWICH OFFICE PARK  
GREENWICH CT 06831

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EV  
SHAUGNESSY, THOMAS J  
2839 PACES FERRY ROAD SUITE 830 OVERLOOK 2  
ATLANTA GA 30339

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EV  
WALKER, RADELLE A  
1888 CENTURY PARK EAST, 3RD FLOOR  
LOS ANGELES CA 90067

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EV  
KAPLAN, THOMAS  
FIVE GREENWICH OFFICE PARK  
GREENWICH CT 06831

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
READER, MARK A  
1888 CENTURY PARK EAST, 3RD FLOOR  
LOS ANGELES CA 90067

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☒ Change ☐ Addition  
MARK D. READER

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:

*Mark Reader*

MARK READER

1/7/99

310-229-2679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/98)