

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P04229  
1. Corporation Name

Security Funding Corporation

Principal Place of Business

Mailing Address

610 Crescent Executive Court  
Suite 510  
Lake Mary, FL 32795

P.O. Box 585087  
Orlando, FL  
32858-5087

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/4/1984

4. FEI Number

36-2425375

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 or has paid the current year Intangible  
Personal Property Tax due June 30

Yes No

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

CT Corporation System  
1200 S. Pine Island Road  
Plantation, FL 33324

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 date if applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

NAME

STREET ADDRESS

CITY - ST - ZIP

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

NAME

STREET ADDRESS

CITY - ST - ZIP

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

NAME

STREET ADDRESS

CITY - ST - ZIP

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

NAME

STREET ADDRESS

CITY - ST - ZIP

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

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY - ST - ZIP

NAME

STREET ADDRESS

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:

Wren J. [Signature]

6/1/99

800-627-7226

6/23/99  
E

2

**Security Funding Corporation**  
**EIN 36-2425375**

NAME	TITLE	RESIDENT ADDRESS	BUSINESS ADDRESS	SOCIAL SECURITY #
Stephen P. Joyce	Director, Chairman & CEO	249 Central Avenue Rye, NY 10580	777 Long Ridge Rd Building B Stamford, CT 06927	133-44-1914
Geoffrey S. Stiff	Director	25716 SE 32 <sup>nd</sup> Place Ussaquah, WA 98027	Two Union Square, 601 Union Street Seattle, WA 98111	017-44-5254
Victor C. Moses	Director	5210 NE 43 <sup>rd</sup> Seattle, WA 98105	Two Union Square, 601 Union Street Seattle, WA 98111	541-54-6698
Thomas E. Kellgren	President	343 Lake Road Lake Mary, FL	610 Crescent Exec. Ct. Suite 510 Lake Mary, FL 32746	473-66-3218
Beth Wortman	Senior VP General Counsel & Secy	9650 Wild Oak Drive Windermere, FL 34786	610 Crescent Exec. Ct. Suite 510 Lake Mary, FL 32746	480-56-4749
Patrick L. Edmonds	Vice President & Asst Controller	5137 Sun Palm Drive Windermere, FL 34786	610 Crescent Exec. Ct. Suite 510 Lake Mary, FL 32746	274-40-0357
Jeffrey L. Hugunin	Vice President & Treasurer	4424 Harbour Lights Ct Orlando, FL 32817	610 Crescent Exec. Ct. Suite 510 Lake Mary, FL 32746	475-80-4908
Wren L. Fetterhoff	Vice President	5610 Lavon Way Orlando, FL 32808	610 Crescent Exec. Ct. Suite 510 Lake Mary, FL 32746	264-67-9616

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999

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

DOCUMENT # P98000064861

1. Corporation Name

Silbey & Associates Incorporated

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified  
7/23/98

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3560 South Ocean Boulevard, Suite 804

26 3560 South Ocean Boulevard, Suite 804

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 South Palm Beach FL

28 South Palm Beach FL

Zip

County

Zip

County

24 33480

25

29 33480

30

4. FEI Number

☒ 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

10. Name and Address of New Registered Agent

Corporate Creations Enterprises Inc.  
941 Fourth Street #200  
Miami Beach, FL 33139

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 607.1508, 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

*Franklin R. Silbey*  
Signature, typed or printed name of registered agent and title of applicable.

*Greg Kurada, Vice President*  
(NOTE: Registered Agent signature required when reinstating)

6/15/99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPTS ☐ DELETE  
NAME Franklin R. Silbey  
STREET ADDRESS 3560 South Ocean Boulevard, Suite 804  
CITY-ST-ZIP South Palm Beach FL 33480

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

☐ Change ☐ Addition  
800002916278--3  
-06/25/99--01102--016  
\*\*\*550.00 \*\*\*550.00

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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; or on attachment with an address.

SIGNATURE

*Franklin R. Silbey*  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Franklin R. Silbey

6/15/99  
Date

561-547-5710  
Daytime Phone #