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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:09

DOCUMENT # P07838 (6)

1. Corporation Name
LFS CAPITAL CORP.

Principal Place of Business	Mailing Address
C/O GREG SILVA 135 MAIN STREET SAN FRANCISCO CA 94105-8817	C/O GREG SILVA 135 MAIN STREET SAN FRANCISCO CA 94105-8817

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/23/1985
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business	2a. Mailing Address
21 9800 S. Sepulveda Blvd.	26 9800 S. Sepulveda Blvd
Suite, Apt. #, etc. 22 Suite 810	Suite, Apt. #, etc. 27 Suite 810
City & State 23 Los Angeles, CA	City & State 28 Los Angeles, CA
Zip / Country 24 90045 / 25 USA	Zip / Country 29 90045 / 30 USA

4. FEI Number: 22-2552974 ☐ 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

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	C/D ☐ Change ☒ Addition
NAME	GERWITZ, RICHARD M.	1.2 NAME	Amanda D. Lister
STREET ADDRESS	135 MAIN STREET	1.3 STREET ADDRESS	9800 S. Sepulveda Boulevard, Suite 810
CITY-ST-ZIP	SAN FRANCISCO CA	1.4 CITY-ST-ZIP	Los Angeles, CA 90045
TITLE	DVP	2.1 TITLE	P/D ☒ Change ☐ Addition
NAME	SELLERS, WALLACE O.	2.2 NAME	Richard M. Gerwitz
STREET ADDRESS	135 MAIN STREET	2.3 STREET ADDRESS	9800 S. Sepulveda Boulevard, Suite 810
CITY-ST-ZIP	SAN FRANCISCO CA	2.4 CITY-ST-ZIP	Los Angeles, CA 90045
TITLE	SVPT	3.1 TITLE	V ☐ Change ☒ Addition
NAME	SUTHERLAND, MALCOLM S	3.2 NAME	Wallace O. Sellers, Jr.
STREET ADDRESS	135 MAIN STREET	3.3 STREET ADDRESS	9800 S. Sepulveda Boulevard, Suite 810
CITY-ST-ZIP	SAN FRANCISCO CA	3.4 CITY-ST-ZIP	Los Angeles, CA 90045
TITLE	S	4.1 TITLE	V ☐ Change ☒ Addition
NAME	RODRIGUEZ, RANDALL S.	4.2 NAME	Clifford R. Smith
STREET ADDRESS	135 MAIN STREET	4.3 STREET ADDRESS	9800 S. Sepulveda Boulevard, Suite 810
CITY-ST-ZIP	SAN FRANCISCO CA	4.4 CITY-ST-ZIP	Los Angeles, CA 90045
TITLE	VPD	5.1 TITLE	V ☐ Change ☒ Addition
NAME	SMITH, CLIFFORD R	5.2 NAME	Brian R. Clark
STREET ADDRESS	135 MAIN STREET	5.3 STREET ADDRESS	9800 S. Sepulveda Boulevard, Suite 810
CITY-ST-ZIP	SAN FRANCISCO CA	5.4 CITY-ST-ZIP	Los Angeles, CA 90045
TITLE	AS	6.1 TITLE	S ☐ Change ☒ Addition
NAME	SILVA, GREGORY L.	6.2 NAME	Douglas B. Davidson
STREET ADDRESS	135 MAIN STREET	6.3 STREET ADDRESS	9800 S. Sepulveda Boulevard, Suite 810
CITY-ST-ZIP	SAN FRANCISCO CA	6.4 CITY-ST-ZIP	Los Angeles, CA 90045

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 changed, or on an attachment with an addition.

SIGNATURE: Douglas B. Davidson 1/19/95 (310)337-2771x216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0303256 CP