

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P07994 (7)

1. Corporation Name

TRW FINANCIAL SYSTEMS, INC.

Principal Place of Business

300 LAKESIDE AVENUE  
OAKLAND CA 94612-2540  
US

Mailing Address

1900 RICHMOND RD  
CLEVELAND OH 44124-760  
US

3. Date Incorporated or Qualified  
11/05/1985

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

94-2476000

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 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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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	P	<input type="checkbox"/> DELETE
NAME	TRAPP, PHILLIP R.	
STREET ADDRESS	300 LAKESIDE DRIVE	
CITY - ST - ZIP	OAKLAND CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	C.T. HARVE	
STREET ADDRESS	1900 RICHMOND ROAD	
CITY - ST - ZIP	CLEVELAND OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, GASPARINI	
STREET ADDRESS	505 CITY PARKWAY WEST	
CITY - ST - ZIP	ORANGE CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WARREN, WILLIAM A.	
STREET ADDRESS	1900 RICHMOND RD.	
CITY - ST - ZIP	CLEVELAND OH	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	HARLESS, JOHN	
STREET ADDRESS	300 LAKESIDE DRIVE	
CITY - ST - ZIP	OAKLAND CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FULLMER, WILLIAM	
STREET ADDRESS	505 CITY PARKWAY WEST,	
CITY - ST - ZIP	ORANGE CA	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

SEE SCHEDULE ATTACHED

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. A. WARREN  
Vice President, Tax

APR 19 1996

(214) 291-7719

Date

Daytime Phone #

CR2E034 (12/95)

107994

P92012

**TRW Financial Systems Inc.**

**Officers and Directors List**

**OFFICERS**

P. R. Trapp, President (1)  
J. M. Harless, Vice President & Assistant Secretary (1)  
T. A. Gasparini, Vice President (3)  
C. T. Harvie, Vice President (2)  
W. A. Warren, Vice President, Tax (2)  
W. A. Fullmer, Secretary (3)  
E. L. Bennardo, Treasurer (2)  
J. M. Schmidt, Assistant Secretary (2)

**DIRECTORS**

W. A. Fullmer (3)  
T. A. Gasparini (3)  
D. V. Skilling (3)

**Addresses:**

(1) 300 Lakeside Drive, Oakland, CA 94612  
(2) 1900 Richmond Road, Cleveland, OH 44124  
(3) 505 City Parkway West, Orange, CA 92668