## 2001 UNIFORM BUSINESS REPORT (UBR).

## FILED Apr 17, 2001 8:00 am Secretary of State

DOCUMENT # P07994  1. Entity Name			1.	Secretary of State					
			,		3.1. <b>2</b> 331	, , , , ,	,,,,	100.0	, ,
TRW Financial System	ns Inc.	_							
Principal Place of Business Mailing Address									
300 Lakeside Ave.	Rd.								
Oakland, CA 94612-25	OH	44124	,						
US	US								
Principal Place of Business     3. Mailing Address			****	1	•				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN 1	'HIS SPAC	Œ		
City & State	City & State	City & State			4. FEI Number Applied For				
		7		71 21/0000			ot Applica	able	
Zip Country	Zip	0	untry	5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name	and Address of New Regist	ered Agei	nt		7
The state of the s			Name						
CT Corporation Systems			Street Address	P.O. Box	Number is Not Acceptable)				
1200 S. Pine Island Rd.			·	<del></del> -	<del></del> -				
Plantation, FL 3332	24	-			· · · · · · · · · · · · · · · · · · ·	EL	Zip Co	de	$\dashv$
			City	-1-4	want as beth in the Ctate of E	FL			
8. The above named entity submits this state	ement for the purpose of changir	ng its reg	istered office or re	egistereo a	igent, or both, in the State of F	nonua.			
					ŧ				
SIGNATURE	f	In .	NOTE: Boginlored /	Accet signat	ure required when reinstating)	DATE		<del></del>	1
Signature, typed or printed name o	f registered agent and title if applicab	ie. (	NOTE: Registered A	Agent signa:	ure required when remarking/	- DAIL			-
9. This corporation is eligible to satisfy its Int	angible FILE NOW			10	. Election Campaign Financir	ıg	\$5.0	<b>0</b> May Be	,
Tax filing requirement and elects to do so. (See criteria on back)  After MAY 1, 2001  Make Check Payable 1					Trust Fund Contribution.		Added	to Fees	٦
11. OFFICERS	AND DIRECTORS	12.		28283838383	S/CHANGES TO OFFICERS	AND DIR	ECTOF	RS IN 11	⊒ĕ
TITLE President	Delete	THE	: "				Change	Addi	SR2E034 (11/00)
NAME Trapp, P.R.	Dec	NAMI	ET ADDRESS						
street ADDRESS 300 Lakeside CITY-ST-ZIP Oakland, CA			- ST - ZIP						18
THILE Vice Pres.	Delete Delete	TITLS					Change	Add	ition
MAME Harvie, C.T.		NAM							
Islandia ILSOO RICIMIOIIG RG.			ET ADDRESS - ST - ZIP						
Director	1 44124 Delete	TITLI			SCHEDULE ATTACK	(¢\)	Change	Addi	ition
NAME Gasparini, T.		NAM	E		~~(\$\)C\	12		_ ~	
STREET ADDRESS 505 City Park	way West 2668		ET ADDRESS - ST - ZIP		"EVI"				ļ
TITLE Treasurer	Delete	TITLI			<u>(C))</u>		Change	Add	ition
NAME Bennardo, E.I	<b>」</b> ,	NAM	E	٠ .	c(C)this			_	
STREET ADDRESS 1900 RICHMOND			ET ADDRESS - ST - ZIP	C.F.F.					
TITLE Vice Presider		TITL	- 31 - 211			П	Change	Add	ition
NAME Warren, W.A.	IC	NAM				ш	•		-
street address 1900 Richmond			ET ADDRESS						
Cleveland, OF	I 44124	TITL	- ST - ZIP				Change	Add	ition
Secretary   Same   Fullmer, W.A.		NAM					Onlings		
STREET ADDRESS 505 City Parkway W.		STR	EET ADDRESS				-		
CITY-ST-ZIP Orange, CA 92668			- ST - ZIP						4
13. I hereby certify that the information suppli	ed with this filing does not qualify	y for the an	exemption stated d that my signatur	in Section re shall ha	119.07(3)(i), Florida Statutes. ve the same legal effect as if i	. I further o nade unde	ertify tl: er oath:	nat the ; that I am	an
information indicated on this report or sur officer or director of the corporation or the in Block 11 or Block 12 if manged or sur	receive or trustee empowered	to execu	te this report as re	equired by	Chapter 607, Florida Statutes	; and that	my nar	ne appea	rs
(IN Mr. /////					04/00/00	<b>116</b>	201	nn.,	
SIGNATURE: WA Warren, Vice Pres. 04/09/01216-291-7719  SIGNATURE: Date Date Date Date Date Date Date Date									