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Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P09806

(1)

1. Corporation Name

FREMONT FINANCIAL CORPORATION

Principal Place of Business

2020 SANTA MONICA BOULEVARD. #600
PO BOX 2430 (ZIP 90407-2430)
SANTA MONICA CA 90404-9023

Mailing Address

2020 SANTA MONICA BOULEVARD. #600
PO BOX 2430 (ZIP 90407-2430)
SANTA MONICA CA 90404-2060



3. Date Incorporated or Qualified
04/16/1986

3a. Date of Last Report
05/20/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

94-1701707

Applied For

Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

Zip

Country

28

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29

30

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, type 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 checked="" type="checkbox"/> DELETE
NAME	TENNEY, ROBERT N.	
STREET ADDRESS	2020 SANTA MONICA BL 600	
CITY-ST-ZIP	SANTA MONICA CA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	LAMB, PATRICK E.	
STREET ADDRESS	2020 SANTA MONICA BL 600	
CITY-ST-ZIP	SANTA MONICA CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HILTON, ELIZABETH	
STREET ADDRESS	2020 SANTA MONICA BL 600	
CITY-ST-ZIP	SANTA MONICA CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FAIGIN, ALAN	
STREET ADDRESS	2020 SANTA MONICA BL 600	
CITY-ST-ZIP	SANTA MONICA CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAMPINO, LOUIS J.	
STREET ADDRESS	2020 SANTA MONICA BL 600	
CITY-ST-ZIP	SANTA MONICA CA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MCINTYRE, J. A.	
STREET ADDRESS	2020 SANTA MONICA BL 600	
CITY-ST-ZIP	SANTA MONICA CA	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Louis J. Rampino	
1.3 STREET ADDRESS	2020 Santa Monica Blvd., Suite 600	
1.4 CITY-ST-ZIP	Santa Monica, CA 90404	
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		

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick E. Lamb, Treasurer

1/7/97

(310) 315-5550

Date

Daytime Phone #

CR2E034 (9/96)