♥ FICE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POOROS

| 1. Corporation | n Name | | | | |
|--|--|---|---|---|--|
| FREMONT FINANCIAL CORPORATION | | | | | |
| | | | | 1 (00 2) 00 2 10 0 02) 0 13 0 1 14 12 00 2 0 2 1 | #1## #1## #1## #1## #1## #1## #1## #1# |
| | | | | | |
| Principal Place of Business Mailing Address | | | | | 91911 91911 91011 91911 91911 91911 |
| 2020 SANTA MONICA BOULEVARD. #600 2020 SANTA MONICA BOU | | | | | |
| PO BOX 2430 (ZIP 90407-2430) PO BOX 2430 (ZIP 90407- SANTA MONICA CA 90404-9023 SANTA MONICA CA 90404 | | | DO NOT WRITE IN | THIS SPACE | |
| | | • | | 3. Date Incorporated or Qualifed | |
| | | ··· | | 04/16/1986 | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | Applied For Not Applicable |
| | | Suite, Apt. #, etc. | | 94-1701707 | \$8.75 Additional |
| 22 Suite, Apt. | #, etc. | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & Stat | e | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes the current ye | |
| 24 | 25 | | 30 | Personal Property Tax. | Yes No |
| | 9. Name and Address of Curren | t Registered Agent | 81 Name | 10. Name and Address of New Regist | ered Agent |
| CT (| CORPORATION SYSTEM | | | | |
| 1200 S. PINE ISLAND ROAD | | 82 Street | Address (P.O. Box Number is Not Acceptable) | | |
| PLANTATION FL 33324 | | | 83 | | |
| _ | | | | | les Zin Codo |
| | | | 84 City | | FL 85 Zip Code |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statute | s, the above-named | corporation submits this statement for the purpo | ose of changing its registered |
| office or n | egistered agent, or both, in the State of m familiar with, and accept the obligat | of Florida, Such change was au tions of, Section 607.0505, Flori | itnorized by the corp ida Statutes. | oration's board of directors. I hereby accept the | appointment as registered |
| SIGNATURE | | | | | |
| | Signature, typed or printed name of registered agen | | Registered Agent signature | Pequired when reinstating) ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTORS IN 12 |
| 12. | OFFICERS AN | D DIRECTORS [3: DELETE | 13. | P/D | Change Addition |
| TITLE NAME | rampino Eguis j | LAUCECIA | 1.2 NAME | FERLA, MARIO R. | |
| STREET ADDRESS | | | 1.3 STREET ADDRESS | 2020 SANTA MONICA BLVD. | SUITE 600 |
| CITY-ST-ZIP | SANTA MONICA CA 90404 | One doo | 1.4 CITY-ST-ZIP | SANTA MONICA, CA 90404 | |
| TITLE | VT | ☐ DELETE | 2.1 TITLE | SVP/T | Change Addition |
| NAME | LAMB, PATRICK E. | | 2.2 NAME | | |
| STREET ADDRESS | 2020 SANTA MONICA BL 600 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SANTA MONICA CA | · | 2. 4 CITY-ST-ZIP | | |
| TITLE | V | ☐ DELETE | 3.1 TITLE | EVP | Change Addition |
| ··· NAME | HILTON, ELIZABETH | • | 3.2 NAME | • | * * * |
| STREET ADDRESS | 2020 SANTA MONICA BL 600 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SANTA MONICA CA | ☐ DELETE | 3.4 CITY-ST-ZIP 4.1 TITLE | <u> </u> | ☐ Change ☐ Addition |
| TITLE | S DICHARD C | □ oeceit | 4.7 III.E 4. 2 NAME | | |
| NAME STREET ADDRESS | PUGH JR., RICHARD C. 2020 SANTA MONICA BLVD. S | LITE COO | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SANTA MONICA CA 90404 | OITE 000 | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | C/D | |
| NAME | RAMPINO, LOUIS J. | | 5.2 NAME |) | |
| STREET ADDRESS | 2020 SANTA MONICA BL 600 | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SANTA MONICA CA | | 5.4 CITY-ST-ZIP | | |
| TITLE | CD | ☐ DELETE | 6.1 TITLE | D TAMES A | ☐ Change ☐ Addition |
| NAME | MCINTYRE, J. A. | | 6.2 NAME | MCINTYRE, JAMES A. | |
| STREET ADDRESS | 2020 SANTA MONICA BL 600 | | 6.3 STREET ADDRESS | 1 | |

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SANTA MONICA CA

Richard C.

(310) 315-5550

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90158 022 ***150.00

709806 389797*90158-*22

Additional Director

D BAILEY, WAYNE R. 2020 SANTA MONICA BLVD., SUITE 600 SANTA MONICA, CA 90404