CORPORATION
ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
94 JUL 25 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P16151 (3)

1. Corporation Name
GREAT WESTERN CAPITAL CORPORATION

Mailing Address	Principal Place of Business
9200 OAKDALE AVE.	9200 OAKDALE AVE.
7TH FLOOR	7TH FLOOR
CHATSWORTH CA 91311	CHATSWORTH CA 91311

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2. Mailing Address 21	2a. Principal Place of Business 26	3. Date Incorporated or Qualified: 09/29/1987	3a. Date of Last Report: 07/07/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 95-4122645	Applied For ☐ Not Applicable ☐
City & State 23	City & State 28	5. Certificate of Status Desired: $8.75 Additional Fee Required ☐	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	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
PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301	81 Name: THE PRENTICE-HALL CORPORATION SYSTEM, INC. 82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYES STREET 83: SUITE 105 84 City: TALLAHASSEE FL 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandated) (DATE)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D/P	11 TITLE	
12 NAME	GEUTHER CARL	12 NAME	
13 STREET ADDRESS	9200 OAKDALE AVE.	13 STREET ADDRESS	
14 CITY ST ZIP	CHATSWORTH CA 91311	14 CITY ST ZIP	
21 TITLE	D/V/S	21 TITLE	
22 NAME	ADAMS STEPHEN F	22 NAME	
23 STREET ADDRESS	9200 OAKDALE AVE.	23 STREET ADDRESS	
24 CITY ST ZIP	CHASWORTH CA 91311	24 CITY ST ZIP	
31 TITLE	D	31 TITLE	
32 NAME	PALKO MICHAEL J	32 NAME	
33 STREET ADDRESS	9200 OAKDALE AVE.	33 STREET ADDRESS	
34 CITY ST ZIP	CHATSWORTH CA 91311	34 CITY ST ZIP	
41 TITLE	D/V/S	41 TITLE	
42 NAME	ERKSON J L	42 NAME	
43 STREET ADDRESS	9200 OAKDALE AVE.	43 STREET ADDRESS	
44 CITY ST ZIP	CHATSWORTH CA 91311	44 CITY ST ZIP	
51 TITLE	~~V/S~~	51 TITLE	Exec. Vice Pres. & C.E.O.
52 NAME	STALK IRWIN	52 NAME	
53 STREET ADDRESS	~~9401 GORDON~~	53 STREET ADDRESS	9200 Oakdale Avenue
54 CITY ST ZIP	~~NORTHRIDGE CA~~	54 CITY ST ZIP	Chatsworth, California 91311
61 TITLE	V/S	61 TITLE	
62 NAME	SPRINGER VICKI	62 NAME	
63 STREET ADDRESS	9401 OAKDALE AVE.	63 STREET ADDRESS	
64 CITY ST ZIP	CHASWORTH CA 91311	64 CITY ST ZIP	

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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: S.F. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen F. Adams
7-18-94
Date
(818)775-3391
Daytime Phone #