

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 02 1997 8:00am
Secretary of State

DOCUMENT # P16700 (7)
1. Corporation Name
GLENFED MORTGAGE CORPORATION



Principal Place of Business
10509 VISTA SORRENTO PKWY.
SAN DIEGO CA 92121

Mailing Address
201 W LEXINGTON DR
HC-2
GLENDALE CA 91203-2217
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/05/1987

3a. Date of Last Report

05/01/1996

4. FEI Number

95-1522797

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$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

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

10. Name and Address of New Registered Agent

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 reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME COCHRAN, GREG
STREET ADDRESS 10509 VISTA SORRENTO PKY
CITY-ST-ZIP SAN DIEGO CA ☐ DELETE

TITLE CD
NAME SNYDER, KATHRYN
STREET ADDRESS 700 N. BRAND BLVD
CITY-ST-ZIP GLENDALE CA ☐ DELETE

TITLE S
NAME ELLER, JAMES R JR.
STREET ADDRESS 700 N. BRAND BLVD,
CITY-ST-ZIP GLENDALE CA ☐ DELETE

TITLE V
NAME BEAN, JAMES
STREET ADDRESS 700 N. BRAND BLVD
CITY-ST-ZIP GLENDALE CA ☐ DELETE

TITLE D
NAME HAYNES, JOHN E
STREET ADDRESS 700 N. BRAND BLVD
CITY-ST-ZIP GLENDALE CA ☐ DELETE

TITLE VP
NAME EMMONS, ALAN C
STREET ADDRESS 201 W. LEXINGTON DRIVE
CITY-ST-ZIP GLENDALE CA ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(j), 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: *Alan C. Emmons* 4/14/97 818-570-2157

CR2E034 (9/96)