

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

1996-15-96

B- 22910 C

DOCUMENT # P17862

(4)

1. Corporation Name

SEABIRD PROPERTIES, INC.



Principal Place of Business

Mailing Address

C/O J.R. & G
19700 FAIRCHILD, 320
IRVINE CA 92715

C/O J.R. & G
19700 FAIRCHILD, 320
IRVINE CA 92715

3. Date Incorporated or Qualified
02/02/1988

3a. Date of Last Report
08/08/1995

2. Principal Place of Business

2a. Mailing Address

21 c/o FDIC

26 c/o FDIC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 4000 MacArthur Blvd.

27 4000 MacArthur Blvd.

City & State

City & State

23 Newport Beach, CA

28 Newport Beach, CA

Zip

Country

Zip

Country

24 92660

25

29 92660

30

4. FEI Number
86-0597678

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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, typed or printed name of registered agent and date of filing (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DV
DEMERS, GERALD R.
4000 MACARTHUR BOULEVARD
NEWPORT BEACH CA 92660 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
CP
Samuel Matthews ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DVS
MCFARLANE, SUSAN
4000 MACARTHUR BOULEVARD
NEWPORT BEACH CA 92660 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
DVST
Jack Tautges ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DVT
BOURBON, JOHN
4000 MACARTHUR BOULEVARD
NEWPORT BEACH CA 92660 ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
DV
Larry Roybal ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V
READ, RICHARD
4000 MACARTHUR BOULEVARD
NEWPORT BEACH CA 92660 ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
DV
Richard Read ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VAS
HERMAN, RANDY
4000 MACARTHUR BOULEVARD
NEWPORT BEACH CA 92660 ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
DV
Janet Wall ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP
☐ Change ☐ Addition

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)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(714)263-4122

Date

Daytime Phone #

CR2E034 (12/95)