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FILED

Jan 21 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 # P17912 (7)

1. Corporation Name

GRIFFIN FINANCIAL SERVICES, INC.

Principal Place of Business

5000 RIVERGRADE ROAD  
SUITE 3100  
IRWINDALE CA 91706  
US

Mailing Address

C/O HOME SAVINGS OF AMERICA  
4900 RIVERGRADE  
IRWINDALE CA 91706-1404



3. Date Incorporated or Qualified

02/05/1988

3a. Date of Last Report

05/01/1996

4. FEI Number

95-3755397

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEMS, INC  
110 NORTH MAGNOLIA ST.  
TALLAHASSEE FL 32301

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME HAWKINS, WILLIAM A.  
STREET ADDRESS 5000 RIVERGRADE ROAD  
CITY - ST - ZIP IRWINDALE CA 91706

TITLE S ☐ DELETE

NAME GLASSETT, TIM S.  
STREET ADDRESS 4900 RIVERGRADE ROAD  
CITY - ST - ZIP IRWINDALE CA 91706

TITLE T ☐ DELETE

NAME WHITCUP, JULIA D  
STREET ADDRESS 5000 RIVERGRADE ROAD  
CITY - ST - ZIP IRWINDALE CA 91706

TITLE V ☐ DELETE

NAME RAZ, CONSTANTINO R.  
STREET ADDRESS 4900 RIVERGRADE ROAD  
CITY - ST - ZIP IRWINDALE CA 91706

TITLE D ☐ DELETE

NAME HAWKINS, WILLIAM A.  
STREET ADDRESS 5000 RIVERGRADE ROAD  
CITY - ST - ZIP IRWINDALE CA 91706

TITLE D ☐ DELETE

NAME ANNE-DRUE ANDERSON  
STREET ADDRESS 4900 RIVERGRADE ROAD  
CITY - ST - ZIP IRWINDALE CA 91706

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)(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:

Constantino R. Raz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice Prez

Date

1/21/97

(818) 814-7161

Daytime Phone #

CR2E034 (9/96)