

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

FILED

May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P17912 (7)

1. Corporation Name
GRIFFIN FINANCIAL SERVICES, INC.

Principal Place of Business 5000 RIVERGRADE ROAD SUITE 3100 IRVINDALE CA 91708 US	Mailing Address C/O HOME SAVINGS OF AMERICA 4900 RIVERGRADE IRVINDALE CA 91708
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1988

4. FEI Number

95-3755397

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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	<input type="checkbox"/> DELETE
NAME	HAWKINS, WILLIAM A.	
STREET ADDRESS	5000 RIVERGRADE ROAD	
CITY-ST-ZIP	IRVINDALE CA 91708	

TITLE	S	<input type="checkbox"/> DELETE
NAME	GLASSETT, TIM S.	
STREET ADDRESS	4900 RIVERGRADE ROAD	
CITY-ST-ZIP	IRVINDALE CA 91708	

TITLE	T	<input type="checkbox"/> DELETE
NAME	WHITCUP, JULIA D	
STREET ADDRESS	5000 RIVERGRADE ROAD	
CITY-ST-ZIP	IRVINDALE CA 91708	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	RAZ, CONSTANTINO R.	
STREET ADDRESS	4900 RIVERGRADE ROAD	
CITY-ST-ZIP	IRVINDALE CA 91708	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAWKINS, WILLIAM A.	
STREET ADDRESS	5000 RIVERGRADE ROAD	
CITY-ST-ZIP	IRVINDALE CA 91708	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ANNE-DRUE ANDERSON	
STREET ADDRESS	4900 RIVERGRADE ROAD	
CITY-ST-ZIP	IRVINDALE CA 91708	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Vice President
4.3 STREET ADDRESS	Richard H. Wallace
4.4 CITY-ST-ZIP	4900 Rivergrade Road

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Irwindale, CA 91706
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: Richard H. Wallace -VP

(626) 814-7161

CR2E034 (10/97)