

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P18059** (6)
1. Corporation Name
GREAT WESTERN FINANCIAL CORPORATION



Principal Place of Business 9200 OAKDALE AVE 7TH FL CHATSWORTH CA 91311	Mailing Address 9200 OAKDALE AVE 7TH FL CHATSWORTH CA 91311-6519
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/18/1988	3a. Date of Last Report 05/01/1996
				4. FEI Number 95-1913457	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE HALL CORP SYSTEM 1201 HAYS STREET, SUITE 105 SUITE 105 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAHER, JOHN F.			1.2 NAME			
STREET ADDRESS	9200 OAKDALE AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	CHATSWORTH CA			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVID ALEXANDER			2.2 NAME			
STREET ADDRESS	807 N COLLEGE AVENUE			2.3 STREET ADDRESS			
CITY-ST-ZIP	CLAREMONT CA			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANTENBERG, BRUCE F.			3.2 NAME			
STREET ADDRESS	9200 OAKDALE AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	CHATSWORTH CA			3.4 CITY-ST-ZIP			
TITLE	CD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MONTGOMERY, JAMES F.			4.2 NAME			
STREET ADDRESS	9200 OAKDALE AVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	CHATSWORTH CA			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRANK, STEPHEN E			5.2 NAME			
STREET ADDRESS	2244 WALNUT GROVE AVE ROOM 428			5.3 STREET ADDRESS			
CITY-ST-ZIP	ROSEMEAD CA			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	STEPHEN E FRANK			6.2 NAME	VC;CFO		
STREET ADDRESS	184 SPYGLASS LANE			6.3 STREET ADDRESS	GEUTHER, CARL F.		
CITY-ST-ZIP	JUPITER FL			6.4 CITY-ST-ZIP	9200 OAKDALE AVE. CHATSWORTH, CA		

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 checked, or on an attachment with an address

SIGNATURE: _____ (Signature) **Carl F. Geuther, Vice Chairman 4/28/97 (818) 775-3436**

CR2E034 (9/96)