FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

'95 MAR -7 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P30821 (3)

1. Corporation Name

HUMBOLDT FINANCIAL SERVICES CORP.

Principal Place of Business	Mailing Address
707 BROADWAY, SUITE 1600 SAN DIEGO CA 92101	707 BROADWAY, SUITE 1600 SAN DIEGO CA 92101

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
09/06/1990	04/14/1994

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

4. FEI Number 94-2178329 ☐ 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	1.1 TITLE	DV	☐ Change ☒ Addition
NAME	SIMMS, JOHN F	1.2 NAME	Larry S. Roybal	
STREET ADDRESS	5565 MOREHOUSE DRIVE	1.3 STREET ADDRESS	4000 MacArthur Blvd.	
CITY-ST-ZIP	SAN DIEGO CA	1.4 CITY-ST-ZIP	Newport Beach, CA 92660	
TITLE	DST	2.1 TITLE	DS	☐ Change ☒☒ Addition
NAME	NIGRA, JOHN D	2.2 NAME	Ralph L. Dent, Jr.	
STREET ADDRESS	5565 MOREHOUSE DRIVE	2.3 STREET ADDRESS	4000 MacArthur Blvd.	
CITY-ST-ZIP	SAN DIEGO CA	2.4 CITY-ST-ZIP	Newport Beach, CA 92660	
TITLE	DP	3.1 TITLE	DC	☒☒ Change ☐ Addition
NAME	BLODGETT, ALAN	3.2 NAME	Alan Blodgett	
STREET ADDRESS	707 BROADWAY STE 1600	3.3 STREET ADDRESS	707 Broadway, 16th Floor	
CITY-ST-ZIP	SAN DIEGO CA	3.4 CITY-ST-ZIP	San Diego, CA 92101	
TITLE	CD	4.1 TITLE		☐ Change ☐ Addition
NAME	RIVIERE, M E	4.2 NAME		
STREET ADDRESS	5565 MOREHOUSE DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO CA	4.4 CITY-ST-ZIP		
TITLE	DV	5.1 TITLE		☐ Change ☐ Addition
NAME	BOURBON, JOHN	5.2 NAME		
STREET ADDRESS	5565 MOREHOUSE DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO CA	5.4 CITY-ST-ZIP		
TITLE	DV	6.1 TITLE		☐ Change ☐ Addition
NAME	READ, RICHARD F	6.2 NAME		
STREET ADDRESS	5565 MOREHOUSE DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO CA	6.4 CITY-ST-ZIP		

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 on an attachment with an address.

SIGNATURE: Aaron Broadfoot 2/27/95 (619) 699-7888

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0401740 FP