

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

APPROVED  
AND  
FILED

95 APR 26 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P32754 (4)**

1. Corporation Name  
**SECURITY PACIFIC FINANCIAL SERVICES OF CALIFORNIA INC.**

Principal Place of Business      Mailing Address  
10089 WILLOW CREEK RD.      10089 WILLOW CREEK RD.  
ATTN: TAX DEPT./4400      ATTN: TAX DEPT./4400  
SAN DIEGO CA 92131      SAN DIEGO CA 92131  
US      US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**02/05/1991**      **04/29/1994**

4. FEI Number      Applied For / Not Applicable  
**33-0444564**

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

2. Principal Place of Business      2a. Mailing Address  
21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.  
22. City & State      27. Attn: Tax Dept., #24400  
23. Zip      Country      28. Zip      Country  
24.      25.      29.      30.

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  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City      FL      B5 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	\$	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOROKIN, CHERYL A.	1.2 NAME	
STREET ADDRESS	555 CALIFORNIA ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, M. F.	2.2 NAME	
STREET ADDRESS	10089 WILLOW CREEK RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNN, GERALD G	3.2 NAME	
STREET ADDRESS	555 CALIFORNIA ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	3.4 CITY-ST-ZIP	
TITLE	SVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAN-SHAFFER, CLAUDIA	4.2 NAME	
STREET ADDRESS	10089 WILLOW CRK RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, CAMERON E	5.2 NAME	
STREET ADDRESS	10089 WILLOW CREEK RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, JAMES G	6.2 NAME	
STREET ADDRESS	555 CALIFORNIA ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO 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 110.07(3)(b), 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: *Claudia Chan-Shaffer*      Claudia Chan-Shaffer, Senior Vice President      4/14/95      (619)530-9539  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #