

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P32754 (4)**

1. Corporation Name

**SECURITY PACIFIC FINANCIAL SERVICES OF CALIFORNIA INC.**



Principal Place of Business

Mailing Address

10089 WILLOW CREEK RD.  
ATTN: TAX DEPT./4400  
SAN DIEGO CA 92131  
US

10089 WILLOW CREEK RD.  
ATTN: TAX DEPT., #24400  
SAN DIEGO CA 92131  
US

3. Date Incorporated or Qualified

02/05/1991

3a. Date of Last Report

04/26/1995

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

4. FEI Number

33-0444564

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

S

DELETE

NAME

SOROKIN, CHERYL A.

STREET ADDRESS

555 CALIFORNIA ST.

CITY-ST-ZIP

SAN FRANCISCO CA

TITLE

PD

DELETE

NAME

WILSON, M. F

STREET ADDRESS

10089 WILLOW CREEK RD.

CITY-ST-ZIP

SAN DIEGO CA

TITLE

D

DELETE

NAME

GUNN, GERALD G

STREET ADDRESS

555 CALIFORNIA ST.

CITY-ST-ZIP

SAN FRANCISCO CA

TITLE

SVP

DELETE

NAME

CHAN-SHAFFER, CLAUDIA

STREET ADDRESS

10089 WILLOW CRK RD.

CITY-ST-ZIP

SAN DIEGO CA

TITLE

VT

DELETE

NAME

WILLIAMS, CAMERON E

STREET ADDRESS

10089 WILLOW CREEK RD.

CITY-ST-ZIP

SAN DIEGO CA

TITLE

D

DELETE

NAME

JONES, JAMES G

STREET ADDRESS

555 CALIFORNIA ST.

CITY-ST-ZIP

SAN FRANCISCO CA

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 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:

*Claudia Chan-Shaffer*

Claudia Chan-Shaffer, Senior Vice President 2/27/96 (619) 530-9539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)