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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 3:30

DOCUMENT # P39745 (5)

1. Corporation Name
WESTPORT HOUSING CORPORATION

Principal Place of Business	Mailing Address
881 ALMA REAL DR. STE. 205 PACIFIC PALISADES CA 90272	881 ALMA REAL DR. STE. 205 PACIFIC PALISADES CA 90272

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/22/1992
3a. Date of Last Report: 02/14/1994

2. Principal Place of Business	2a. Mailing Address
21 12100 WILSHIRE BLVD.	26 12100 WILSHIRE BLVD.
Suite, Apt. #, etc. 22 SUITE 1400	Suite, Apt. #, etc. 27 SUITE 1400
City & State 23 LOS ANGELES, CA	City & State 28 LOS ANGELES, CA
Zip / Country 24 90025 / 25 LOS ANGELES	Zip / Country 29 90025 / 30 LOS ANGELES

4. FEI Number: 95-4148394 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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	DC	11 TITLE	D/CEO	☒ Change ☐ Addition
NAME	ROZET, A. BRUCE	12 NAME	ROZET, A. BRUCE	
STREET ADDRESS	881 ALMA REAL DR STE 205	13 STREET ADDRESS	12100 WILSHIRE BLVD., SUITE 1400	
CITY-ST-ZIP	PACIFIC PALISADES CA	14 CITY-ST-ZIP	LOS ANGELES, CA 90025	
TITLE	DPT	21 TITLE	D/P/T	☒ Change ☐ Addition
NAME	ROSS, DEANE EARL	22 NAME	ROSS, DEANE EARL	
STREET ADDRESS	881 ALMA REAL DR STE 205	23 STREET ADDRESS	12100 WILSHIRE BLVD., SUITE 1400	
CITY-ST-ZIP	PACIFIC PALISADES CA	24 CITY-ST-ZIP	LOS ANGELES, CA 90025	
TITLE	V	31 TITLE	VP	☒ Change ☐ Addition
NAME	QUINN, PATRICK D.	32 NAME	QUINN, PATRICK D.	
STREET ADDRESS	881 ALMA REAL DR STE 205	33 STREET ADDRESS	12100 WILSHIRE BLVD.,SUITE 1400	
CITY-ST-ZIP	PACIFIC PALISADES CA	34 CITY-ST-ZIP	Los Angeles, Ca 90025	
TITLE	S	41 TITLE	S	☒ Change ☐ Addition
NAME	MAGNUSON, SUZANNE	42 NAME	MAGNUSON, SUZANNE	
STREET ADDRESS	881 ALMA REAL DR STE 205	43 STREET ADDRESS	12100 WILSHIRE BLVD., SUITE 1400	
CITY-ST-ZIP	PACIFIC PALISADES CA	44 CITY-ST-ZIP	LOS ANGELES, CA 90025	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Suzanne Magnuson Suzanne Magnuson 1/25/95 (310) 207-4445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0402713 FP