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 JAN 19 AM 10:25

DOCUMENT # P40170 (3)

1. Corporate Name
SECURED EQUITY PARTNERS, INC.

Principal Place of Business	Mailing Address
7677 OAKPORT STREET OAKLAND CA 94621	7677 OAKPORT STREET OAKLAND CA 94621

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/24/1992	3a. Date of Last Report: 02/09/1994
4. FEI Number: 94-3075308	☐ 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	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH 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 _____ 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	PDS	1.1 TITLE	P/D/S/CFO	☒ Change ☐ Addition
NAME	BARNARD, JOHN	1.2 NAME		
STREET ADDRESS	7677 OAKPORT STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	OAKLAND CA	1.4 CITY-ST-ZIP		
TITLE	VS	2.1 TITLE	DELETE	☒ Change ☐ Addition
NAME	BARNARD, JOHN	2.2 NAME	DELETE	
STREET ADDRESS	7677 OAKPORT STREET	2.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	OAKLAND CA	2.4 CITY-ST-ZIP	DELETE	
TITLE	CFO	3.1 TITLE	DELETE	☒ Change ☐ Addition
NAME	KOLB, SANDRA P.	3.2 NAME	DELETE	
STREET ADDRESS	7677 OAKPORT STREET	3.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	OAKLAND CA	3.4 CITY-ST-ZIP	DELETE	
TITLE	AT	4.1 TITLE	DELETE	☒ Change ☐ Addition
NAME	EDWARDS, MARK	4.2 NAME	DELETE	
STREET ADDRESS	7677 OAKPORT STREET	4.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	OAKLAND CA	4.4 CITY-ST-ZIP	DELETE	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: John Barnard 1/11/95 (510) 729-7122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

0402077 FN