

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 673249 (9)

1. Corporation Name
ARISTAR FINANCIAL RESOURCES, INC.



Principal Place of Business: **9200 OAKDALE AVE 7TH FL CHATSWORTH CA 91311**
Mailing Address: **9200 OAKDALE AVE 7TH FL CHATSWORTH CA 91311**

3. Date Incorporated or Qualified: **05/12/1966**
3a. Date of Last Report: **02/21/1995**

2. Principal Place of Business (21-23) and Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **59-1119376**
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

**FINCH, RONALD M
2601 10TH AVENUE
LAKE WORTH FL 33461**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	CRANE, E. A.	
STREET ADDRESS	9200 OAKDALE AVENUE	
CITY - ST - ZIP	CHATSWORTH CA	
TITLE	DOS	<input type="checkbox"/> DELETE
NAME	ERIKSON, J L	
STREET ADDRESS	9200 OAKDALE AVENUE	
CITY - ST - ZIP	CHATSWORTH CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GEUTHER, CARL F	
STREET ADDRESS	9200 OAKDALE AVE	
CITY - ST - ZIP	CHATSWORTH CA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WEEKS, JERRY E	
STREET ADDRESS	9200 OAKDALE AVENUE	
CITY - ST - ZIP	CHATSWORTH CA	
TITLE	SRVP	<input type="checkbox"/> DELETE
NAME	WALTON, VIRGINIA	
STREET ADDRESS	9200 OAKDALE AVENUE	
CITY - ST - ZIP	CHATSWORTH CA	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	COHEN, NANCY	
STREET ADDRESS	9200 OAKDALE AVENUE	
CITY - ST - ZIP	CHATSWORTH CA	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(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 this 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 appointment with an address.

SIGNATURE:

J. Lance Erikson

J. Lance Erikson

4/29/96

(818) 775-3615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAY/MONTH/YEAR

CR2E034 (12/95)