

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 673249 (9)

1. Corporation Name
ARISTAR FINANCIAL RESOURCES, INC.



Principal Place of Business 8200 OAKDALE AVE 7TH FL CHATSWORTH CA 91311	Mailing Address 9200 OAKDALE AVE 7TH FL CHATSWORTH CA 91311-6519
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/12/1966	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1119376	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

FINCH, RONALD M 2801 10TH AVENUE LAKE WORTH FL 33461	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANE, E. A.	1.2 NAME	
STREET ADDRESS	9200 OAKDALE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHATSWORTH CA	1.4 CITY-ST-ZIP	
TITLE	DOS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERIKSON, J L	2.2 NAME	
STREET ADDRESS	9200 OAKDALE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHATSWORTH CA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEUTHER, CARL F	3.2 NAME	
STREET ADDRESS	9200 OAKDALE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHATSWORTH CA	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKS, JERRY E	4.2 NAME	
STREET ADDRESS	9200 OAKDALE AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHATSWORTH CA	4.4 CITY-ST-ZIP	
TITLE	SRVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTON, VIRGINIA	5.2 NAME	
STREET ADDRESS	9200 OAKDALE AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHATSWORTH CA	5.4 CITY-ST-ZIP	
TITLE	AVP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, NANCY	6.2 NAME	
STREET ADDRESS	9200 OAKDALE AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHATSWORTH CA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 as an attachment with an address.

SIGNATURE _____ **Carl F. Geuther, Director 4/28/97 (818) 775-3436**

CR2E034 (9/96)