

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 01, 2016
Secretary of State
CC9835390567

Entity Name: CALIFORNIA REPUBLIC BANK

Current Principal Place of Business:

18400 VON KARMAN, SUITE 1100
IRVINE, CA 92612

Current Mailing Address:

18400 VON KARMAN, SUITE 1100
IRVINE, CA 92612

FEI Number: 26-0616018

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN OF THE BOARD
Name BARTH, ROBERT
Address 18400 VON KARMAN, SUITE 1100
City-State-Zip: IRVINE CA 92612

Title DIRECTOR AND CEO
Name WILCOX, JON R
Address 18400 VON KARMAN, SUITE 1100
City-State-Zip: IRVINE CA 92612

Title DIRECTOR
Name BENDHEIM, JOHN M
Address 18400 VON KARMAN, SUITE 1100
City-State-Zip: IRVINE CA 92612

Title DIRECTOR AND PRESIDENT
Name DECERO, JOHN W
Address 18400 VON KARMAN, SUITE 1100
City-State-Zip: IRVINE CA 92612

Title EXECUTIVE VICE PRESIDENT, CHIEF CREDIT OFFICER
Name REBAL, MARK R
Address 18400 VON KARMAN, SUITE 1100
City-State-Zip: IRVINE CA 92612

Title VP, CORPORATE SECRETARY
Name URISH, LAURA G
Address 18400 VON KARMAN, SUITE 1100
City-State-Zip: IRVINE CA 92612

Title EXECUTIVE VICE PRESIDENT - CHIEF FINANCIAL OFFICER
Name OLSON, MARK
Address 18400 VON KARMAN, SUITE 1100
City-State-Zip: IRVINE CA 92612

Title DIRECTOR
Name BRUTTEN, MARC R
Address 18400 VON KARMAN, SUITE 1100
City-State-Zip: IRVINE CA 92612

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK K OLSON

**EXECUTIVE VICE
PRESIDENT, CHIEF
FINANCIAL OFFICER**

03/01/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ATTIAZAZ, "BOB" DIN
Address 18400 VON KARMAN, SUITE 1100
City-State-Zip: IRVINE CA 92612

Title DIRECTOR
Name ORLANDO, WARREN S
Address 18400 VON KARMAN, SUITE 1100
City-State-Zip: IRVINE CA 92612

Title DIRECTOR
Name HAGESTAD, JOHN S
Address 18400 VON KARMAN, SUITE 1100
City-State-Zip: IRVINE CA 92612

Title DIRECTOR
Name WATT, JAMES S
Address 18400 VON KARMAN, SUITE 1100
City-State-Zip: IRVINE CA 92612