

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000001339**

1. Corporation Name

**CAMDEN FINANCIAL SERVICES**

Principal Place of Business Mailing Address **Same**  
**19762 MacArthur Blvd. #315**  
**Irvine, CA. 92715**

3. Date Incorporated or Qualified **3/14/95** 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>19762 MacArthur Blvd.</b>	26 <b>Same</b>	<b>33-0653990</b>	<input checked="" type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc. <b>#315</b>	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 City & State <b>Irvine, CA.</b>	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Zip <b>92715</b>	25 Country <b>U.S.</b>	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**The Prentice-Hall Corporation System, Inc.**  
**1201 Hays Street, Suite #105**  
**Tallahassee, Fl. 32301**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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 or director) (Typed Name of Registered Agent or Director, when not signed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>President</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robert Bruce McGovern</b>	1.2 NAME	
STREET ADDRESS	<b>19762 MacArthur Blvd. #315</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Irvine, CA. 92715</b>	1.4 CITY-ST-ZIP	
TITLE	<b>Vice-President</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robert Bruce McGovern</b>	2.2 NAME	
STREET ADDRESS	<b>19762 MacArthur Blvd. #315</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Irvine, CA. 92715</b>	2.4 CITY-ST-ZIP	
TITLE	<b>Secretary</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jon W. McClintock</b>	3.2 NAME	
STREET ADDRESS	<b>19762 MacArthur Blvd. #315</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Irvine, CA. 92715</b>	3.4 CITY-ST-ZIP	
TITLE	<b>Treasurer</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jon W. McClintock</b>	4.2 NAME	
STREET ADDRESS	<b>19762 MacArthur Blvd. #315</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Irvine, CA. 92715</b>	4.4 CITY-ST-ZIP	
TITLE	<b>Irvine, CA. 92715</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<b>Director</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robert Bruce McGovern</b>	6.2 NAME	
STREET ADDRESS	<b>19762 MacArthur Blvd. #315</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Irvine, CA. 92715</b>	6.4 CITY-ST-ZIP	

**400001857604**  
**-06/11/96--01039--005**  
**\*\*\*225.00**

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: *[Signature]* DATE: **5/21/96** **714 253-3450**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)