

# F95000006290

Document Number

**CF CORPORATION SYSTEM**

Requestor's Name  
 660 East Jefferson Street  
 Address  
 Tallahassee, FL 32301 222-1092  
 City State Zip Phone

**CORPORATION(S) NAME**

100001572051  
 -12/27/95--01054--02T  
 \*\*\*\*\*70.00 \*\*\*\*\*70.00

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*ICI Funding Corporation*

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 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 95 DEC 27 PM 12:00  
 TALLAHASSEE, FL

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> NonProfit	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark <i>mtm</i>
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Resurrection	<input type="checkbox"/> Change of R.A.
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Photo Copies	<input type="checkbox"/> Fic. Name
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Call if Problem	<input type="checkbox"/> CUS
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<input checked="" type="checkbox"/> Walk In		<input checked="" type="checkbox"/> Pick Up
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Verifier \_\_\_\_\_

Acknowledgment \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

12/27/95  
 3:00

PLEASE RETURN EXTRA COPIES  
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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION  
TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:

1. ICI FUNDING CORPORATION

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. California

(State or country under the law of which it is incorporated)

3. 33-0674495

(FEI number, if applicable)

4. August 21, 1995

(Date of Incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.158, F.S.))

7. 20371 Irvine Avenue, Santa Ana Heights, California 92707

(Current mailing address)

8. Mortgage Lending

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine  
Island Road

Plantation, Florida, 33324

(Zip Code)

10. Registered agent acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

C T Corporation System

  
(Registered agent's signature) (Officer)

D.F. HICKEY, ASSISTANT SECRETARY

(Type Name and Title of Officer)

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11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: Joseph R. Tomkinson  
Address: 20371 Irvine Avenue  
Santa Ana Heights, California 92707

Director: Bill Ashmore  
Address: 20371 Irvine Avenue  
Santa Ana Heights, California 92707

Director: Gordon Stockwell  
Address: 20371 Irvine Avenue  
Santa Ana Heights, California 92707

B. OFFICERS

President: see attached list of officers  
Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Bill Ashmore*  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Bill Ashmore, Executive Vice President  
(Typed or printed name and capacity of person signing application)

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Appendix to Florida  
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Officers of**  
**ICI FUNDING CORPORATION**

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1. Joseph R. Tomkinson, Chief Executive Officer  
20371 Irvine Avenue  
Santa Ana Heights, California 92707
2. Bill Ashmore, Executive Vice President & Chief Operating Officer  
20371 Irvine Avenue  
Santa Ana Heights, California 92707
3. Richard J. Johnson, Senior Vice President & Chief Financial Officer  
20371 Irvine Avenue  
Santa Ana Heights, California 92707
4. Gordon Stockwell, Executive Vice President Sales & Marketing  
20371 Irvine Avenue  
Santa Ana Heights, California 92707
5. Mary Glass, Senior Vice President Operations  
20371 Irvine Avenue  
Santa Ana Heights, California 92707

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# State of California

SECRETARY OF STATE



## CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, **BILL JONES**, Secretary of State of the State of California, hereby certify:

That on the 21st day of August, 1995

ICI FUNDING CORPORATION

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this  
certificate and affix the Great Seal  
of the State of California this  
14th day of December, 1995.



*Bill Jones*  
BILL JONES  
Secretary of State

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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F95000006290 (9)  
 1. Corporation Name  
**ICI FUNDING CORPORATION**

**FILED**  
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 SECRETARY OF STATE

Principal Place of Business: 20371 IRVINE AVENUE, SANTA ANA HEIGHTS CA 92707  
 Mailing Address: 20371 IRVINE AVENUE, SANTA ANA HEIGHTS CA 92707

3. Date Incorporated or Qualified: 12/27/1985  
 3a. Date of Last Report: N/A  
 4. FEI Number: 33-0874495  
 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  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country  
 25  
 26 Mailing Address  
 27 Suite, Apt. #, etc.  
 28 City & State  
 29 Zip  
 30 Country

9. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 86 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: *D.F. Hickey* D.F. Hickey, Asst. Secretary 10/11/96  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	VCD	<input type="checkbox"/>
NAME	TOMKINSON, JOSEPH R	
STREET ADDRESS	20371 IRVINE AVENUE	
CITY-ST-ZIP	SANTA ANA HEIGHTS CA	
TITLE	VDD	<input type="checkbox"/>
NAME	ASHMORE, BILL R	
STREET ADDRESS	20371 IRVINE AVENUE	
CITY-ST-ZIP	SANTA ANA HEIGHTS CA	
TITLE	V	<input type="checkbox"/>
NAME	JOHNSON, RICHARD J	
STREET ADDRESS	20371 IRVINE AVENUE	
CITY-ST-ZIP	SANTA ANA HEIGHTS CA	
TITLE	VO	<input type="checkbox"/>
NAME	<del>STOCKHOLDERS</del>	
STREET ADDRESS	<del>20371 IRVINE AVENUE</del>	
CITY-ST-ZIP	<del>SANTA ANA HEIGHTS CA</del>	
TITLE	V	<input type="checkbox"/>
NAME	GLASS, MARY	
STREET ADDRESS	20371 IRVINE AVENUE	
CITY-ST-ZIP	SANTA ANA HEIGHTS CA	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	Vice President, Sales/	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Frank Martorano		
4.3 STREET ADDRESS	20371 Irvine Avenue		
4.4 CITY-ST-ZIP	Santa Ana Heights, CA 92707		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

**REINSTATEMENT**

*JK 10/15/96*

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 -10/16/96-01051-018  
 \*\*\*375.00 \*\*\*375.00

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this annual report.

SIGNATURE: *[Signature]* 9/16/96 (714) 438-2023  
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (3/96)