

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

FILED

**Jan 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002029 (4)
 1. Corporation Name
AAMES FUNDING CORPORATION



Principal Place of Business 350 S GRAND AVE 52 FL LOS ANGELES CA 90071 US	Mailing Address 350 S. GRAND AVE. 52ND FL LOS ANGELES CA 90071 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 04/24/1996	
4. FEI Number 95-2622032	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PCEO	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JUDIS, GARY K		1.2 NAME Neil B. Kornswiet	
STREET ADDRESS 806 N. ROXBURY DRIVE		1.3 STREET ADDRESS 200 Baker Street	
CITY-ST-ZIP BEVERLY HILLS CA		1.4 CITY-ST-ZIP Costa Mesa, CA 92626	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE 350 South Grand Avenue, 52nd Floor	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WITHERSPOON, GREGORY J		2.2 NAME Los Angeles, CA 90071	
STREET ADDRESS 10310 WALAVISTA RD		2.3 STREET ADDRESS 350 South Grand Avenue, 52nd Floor	
CITY-ST-ZIP LOS ANGELES CA		2.4 CITY-ST-ZIP Los Angeles, CA 90071	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMPSON, CARY H		3.2 NAME 350 South Grand Avenue, 52nd Floor	
STREET ADDRESS 1844 FARIBURN AVE		3.3 STREET ADDRESS Los Angeles, CA 90071	
CITY-ST-ZIP LOS ANGELES CA		3.4 CITY-ST-ZIP Los Angeles, CA 90071	
TITLE VP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE VP/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BURROUGHS, BOBBIE J		4.2 NAME Barbara S. Polsky	
STREET ADDRESS 448 FREDERIC ST		4.3 STREET ADDRESS 350 South Grand Avenue, 52nd Floor	
CITY-ST-ZIP BURBANK CA		4.4 CITY-ST-ZIP Los Angeles, CA 90071	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE V/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME David A. Sklar	
STREET ADDRESS		5.3 STREET ADDRESS 350 South Grand Avenue, 52nd Floor	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Los Angeles, CA 90071	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____

CR2E034 (10/97)