

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001412

FILED
Jan 11, 2006
Secretary of State

Entity Name: ESCROW CLOSING SERVICES, INC.

Current Principal Place of Business:

6230 STONERIDGE MALL RD.
PLEASANTON, CA 94588

New Principal Place of Business:

Current Mailing Address:

6230 STONERIDGE MALL RD.
PLEASANTON, CA 94588

New Mailing Address:

FEI Number: 11-3684254 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: ROBERTS, MATTHEW J
Address: 6230 STONERIDGE MALL RD.
City-St-Zip: PLEASANTON, CA 94588

Title: CFO () Delete
Name: ROBERTS, MATTHEW J
Address: 6230 STONERIDGE MALL RD.
City-St-Zip: PLEASANTON, CA 94588

Title: P () Delete
Name: MASCI, DAVID F
Address: 6230 STONERIDGE MALL RD.
City-St-Zip: PLEASANTON, CA 94588

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SECR (X) Change () Addition
Name: NELSON, DARREN
Address: 6230 STONERIDGE MALL RD.
City-St-Zip: PLEASANTON, CA 94588

Title: CFO (X) Change () Addition
Name: NELSON, DARREN
Address: 6230 STONERIDGE MALL RD.
City-St-Zip: PLEASANTON, CA 94588

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR () Change (X) Addition
Name: LEFANOWICZ, MARK E
Address: 6230 STONERIDGE MALL ROAD
City-St-Zip: PLEASANTON, CA 94588

Title: DIR () Change (X) Addition
Name: MCKINLAY, SCOTT D
Address: 6230 STONERIDGE MALL ROAD
City-St-Zip: PLEASANTON, CA 94588

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID MASCI

PRES

01/11/2006

Electronic Signature of Signing Officer or Director

_____ Date