

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002718

FILED  
Mar 10, 2009  
Secretary of State

Entity Name: COLLATERAL RISK SOLUTIONS, INC.

## Current Principal Place of Business:

8989 RIO SAN DIEGO DR.  
STE. 100  
SAN DIEGO, CA 92108

## New Principal Place of Business:

2020 CAMINO DEL RIO N  
STE 300  
SAN DIEGO, CA 92108

## Current Mailing Address:

8989 RIO SAN DIEGO DR.  
STE. 100  
SAN DIEGO, CA 92108

## New Mailing Address:

2020 CAMINO DEL RIO N  
STE 300  
SAN DIEGO, CA 92108

FEI Number: 43-1952332

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: CPS ( ) Delete  
Name: MEREDITH, JOEL  
Address: 8989 RIO SAN DIEGO DR.  
City-St-Zip: SAN DIEGO, CA 92108

Title: VTV ( ) Delete  
Name: NAMEY, EDWARD D II  
Address: 8989 RIO SAN DIEGO DR.  
City-St-Zip: SAN DIEGO, CA 92108

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: MEREDITH, JOEL  
Address: 2020 CAMINO DEL RIO N, STE 300  
City-St-Zip: SAN DIEGO, CA 92108

Title: CFO (X) Change ( ) Addition  
Name: NAMEY, EDWARD D II  
Address: 2020 CAMINO DEL RIO N, STE 300  
City-St-Zip: SAN DIEGO, CA 92108

I hereby certify that the information supplied with this filing does not qualify 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: EDWARD D. NAMEY, II

CFO

03/10/2009

Electronic Signature of Signing Officer or Director

Date