

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002980

FILED
Jan 26, 2011
Secretary of State

Entity Name: DESJARDINS FLORIDA LOAN CENTER, INC.

Current Principal Place of Business:

1001 E HALLANDALE BEACH BLVD
C/O DESJARDINS BANK, N.A.
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

1001 E HALLANDALE BEACH BLVD
C/O DESJARDINS BANK, N.A.
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 27-2821870

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

OFFICERS AND DIRECTORS:

Title: CS
Name: LACHAINE, ERIC
Address: 1001 E HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: D
Name: MORIN, BRUNO
Address: 1001 E HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: T
Name: DESSUREAULT, GILLES
Address: 1001 E HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: P
Name: VEILLEUX, DANIEL
Address: 1001 E HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VP
Name: SELLIER, REGIS
Address: 1001 EAST HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE BEACH, FL 33009

I hereby 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 all other like empowered.

SIGNATURE: REGIS SELLIER

VP

01/26/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date