2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001854

Entity Name: E-LOAN, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	ERIDGE MALL ON, CA 94588						
Current Mailing Address:				New Mailing Address:			
6230 STONERIDGE MALL ROAD PLEASANTON, CA 94588				BANCO POPULAR NORTH AMERICA C/O E-LOAN 120 BROADWAY 15TH FLOOR NEW YORK, NY 10271			
FEI Number: 77-0460084 FEI Number Applied For () FEI Num		FEI Num	nber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1200 SOUT PLANTATIO	DRATION SYS H PINE ISLAN DN, FL 33324	D ROAD US					
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 Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D (X) I WILLIAMS, CAMI 301 LIPPINCOTT MARLTON, NJ 0	DRIVE		Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () E JUNQUERA, JOR 209 MUNOZ RIVI HATO REY, PR	ERA AVENUE			DIR (X JUNQUERA, JO 209 MUNOZ RI HATO REY, PR	VERA AVENUE	
Title: Name: Address: City-St-Zip:	PRES () DEFANOWICZ, NO 6230 STONERID PLEASANTON, C	GE MALL ROAD		Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () E CARRION, RICHA 209 MUNOS RIVI HATO REY, PR	ARD ERA AVENUE		Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	O () E PARACCHINI, AL 6230 STONERID PLEASANTON, C	GE MALL ROAD		Title: Name: Address: City-St-Zip:	PARACCHINI, A	MAWR AVENUE	
Title: Name: Address: City-St-Zip:	O (X) I TRAN, ERIC D 6230 STONERID PLEASANTON, C			Title: Name: Address: City-St-Zip:	()) Change ()Addition	

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: MARK E. LEFANOWICZ PRES 04/30/2008