

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003190

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: SECURITY ONE LENDING, INC.

**Current Principal Place of Business:**

3131 CAMINO DEL RIO NORTH  
STE 310  
SANDIEGO, CA 92108

**New Principal Place of Business:**

**Current Mailing Address:**

3131 CAMINO DEL RIO NORTH  
STE 310  
SANDIEGO, CA 92108

**New Mailing Address:**

FEI Number: 20-8009003      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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: PD ( ) Delete  
Name: LARSEN, TORREY  
Address: 3131 CAMINO DEL RIO NORTH - STE 310  
City-St-Zip: SANDIEGO, CA 92108

Title: VD ( ) Delete  
Name: BARBER, MERRITT  
Address: 3131 CAMINO DEL RIO NORTH - STE 310  
City-St-Zip: SANDIEGO, CA 92108

Title: VD ( ) Delete  
Name: TRASK, WILLIAM  
Address: 3131 CAMINO DEL RIO NORTH - STE 310  
City-St-Zip: SANDIEGO, CA 92108

Title: STD (X) Delete  
Name: LARSEN, TYLER  
Address: 3131 CAMINO DEL RIO NORTH - STE 310  
City-St-Zip: SANDIEGO, CA 92108

Title: D (X) Delete  
Name: ENTREKIN, DEBRA  
Address: 3131 CAMINO DEL RIO NORTH - STE 310  
City-St-Zip: SANDIEGO, CA 92108

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: STD (X) Change ( ) Addition  
Name: LARSEN, TYLER  
Address: 3131 CAMINO DEL RIO NORTH - STE 310  
City-St-Zip: SANDIEGO, CA 92108

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

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

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

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: WILLIAM TRASK

SVP

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date