

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001083

Entity Name: MERCY LOAN FUND INC.**Current Principal Place of Business:**1999 BROADWAY, SUITE 100
DENVER, CO 80202**Current Mailing Address:**1999 BROADWAY, SUITE 100
DENVER, CO 80202**FEI Number:** 84-1559406**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Officer/Director Detail :

Title VC
Name JAIME, GOMEZ
Address 1981 BLAKE STREET
City-State-Zip: DENVER CO 80202

Title D
Name MICHAEL, WALKER
Address 950 17TH STREET, 3RD FLOOR
City-State-Zip: DENVER CO 80202

Title V
Name SPEARS, STEVE
Address 1999 BROADWAY, SUITE 100
City-State-Zip: DENVER CO 80202

Title SECRETARY
Name GLASGOW-GILL, LAURIE
Address 1999 BROADWAY
SUITE 1000
City-State-Zip: DENVER CO 80202

Title D
Name KAREN, PRZYPYSZNY
Address 120 S. RIVERSIDE PLAZA, 15TH
FLOOR
City-State-Zip: CHICAGO IL 60606

Title P
Name JULIE, GOULD
Address 1101 30TH ST., N.W., #250
City-State-Zip: WASHINGTON DC 20007

Title DIRECTOR
Name WERTHMAN, SR. LINDA
Address 28343 PEMBROKE
City-State-Zip: LIVONIA MI 48125

Title DIRECTOR
Name STATUTO, RICH
Address 1505 MARRIOTTSVILLE RD
City-State-Zip: MARRIOTTSVILLE MD 21104

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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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAURIE GLASGOW-GILL**SECRETARY****01/06/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WARREN, MAUREEN
Address	2485 COMO AVE
City-State-Zip:	ST. PAUL MN 55108