

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000001620

**Entity Name:** MIDLAND FUNDING NCC-2 CORPORATION

**Current Principal Place of Business:**

CAMINO DE LA REINA  
SUITE 300  
SAN DIEGO, CA 92108

**Current Mailing Address:**

350 CAMINO DE LA REINA  
SUITE 100  
SAN DIEGO, CA 92108 US

**FEI Number:** 51-0488211

**Certificate of Status Desired:** No

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

MIDLAND CREDIT MANAGEMENT, INC.  
C/O CANON BUSINESS PROCESS SERVICES  
8875 HIDDEN RIVER PARKWAY STE 100  
TAMPA, FL 33637 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            PRESIDENT, DIRECTOR  
Name            BELL, RYAN B.  
Address        350 CAMINO DE LA REINA  
                 SUITE 100  
City-State-Zip: SAN DIEGO CA 92108

Title            SECRETARY  
Name            CALL, GREG  
Address        350 CAMINO DE LA REINA  
                 SUITE 100  
City-State-Zip: SAN DIEGO CA 92108

Title            TREASURER, DIRECTOR  
Name            CLARK, JONATHAN  
Address        350 CAMINO DE LA REINA  
                 SUITE 100  
City-State-Zip: SAN DIEGO CA 92108

Title            ASST. SECRETARY  
Name            SACKS, AMY  
Address        350 CAMINO DE LA REINA  
                 SUITE 100  
City-State-Zip: SAN DIEGO CA 92108

*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:** AMY SACKS

**ASSISTANT SECRETARY**    04/07/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date