

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001991

Entity Name: MORTGAGE & AUTO SOLUTIONS, INC.

Current Principal Place of Business:

9800 MUIRLANDS BLVD.
IRVINE, CA 92618

FILED
Apr 29, 2016
Secretary of State
CC4291765910

Current Mailing Address:

5630 UNIVERSITY PARKWAY
WINSTON-SALEM, NC 27105 US

FEI Number: 74-1595205

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALL., 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 SVP, ASST. SECRETARY
Name NOVAK, JAMES P
Address 2839 PACES FERRY RD, STE 550
City-State-Zip: ATLANTA GA 30039

Title PRESIDENT
Name CASTNER, ARTHUR
Address 1735 BUFORD HWY, STE 215-309
City-State-Zip: CUMMING GA 30041

Title SECRETARY, DIRECTOR
Name WEISSMANN, JEFFREY
Address 59 MAIDEN LANE
City-State-Zip: NEW YORK NY 10038

Title CFO, DIRECTOR
Name WEINER, MICHAEL
Address 59 MAIDEN LANE
City-State-Zip: NEW YORK NY 10038

Title CHIEF ACCOUNTING OFFICER
Name BOLAR, DONALD J
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105

Title VP
Name SCHOCK, BRAD
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105

Title TREASURER
Name RENDALL, PETER
Address 59 MAIDEN LANE
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name KARFUNKEL, BARRY
Address 59 MAIDEN LANE
City-State-Zip: NEW YORK NY 10038

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

SIGNATURE: JAMES P NOVAK

SENIOR VICE PRESIDENT 04/29/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KARFUNKEL, ROBERT
Address 59 MAIDEN LANE
City-State-Zip: NEW YORK NY 10038