## **2020 FOREIGN PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F19000003099

Entity Name: LOANLOGICS, INC.

**Current Principal Place of Business:** 

10401 DEERWOOD PARK BLVD.

**SUITE 2300** 

JACKSONVILLE, FL 32256

**Current Mailing Address:** 

10401 DEERWOOD PARK BLVD.

**SUITE 2300** 

JACKSONVILLE, FL 32256 US

FEI Number: 38-3717882 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: CT CORPORATION SYSTEM 11/10/2020

Electronic Signature of Registered Agent

Date

**FILED** Nov 10, 2020

**Secretary of State** 

3364063553CR

Officer/Director Detail:

Title **CFO** Title DIRECTOR

AMSTRONG, PATRICK Name Name PAUL. STEPHENSON W

Address 10401 DEERWOOD PARK BLVD. Address 10401 DEERWOOD PARK BLVD.

> **SUITE 2300 SUITE 2300**

JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 City-State-Zip:

Title **DIRECTOR** Title DIRECTOR

HURWITZ, ROGER Name MARKS, GEORGE Name

4800 E. STREET RD, STE. 50 10401 DEERWOOD PARK BLVD. Address Address

**SUITE 2300** TREVOSE PA 19053

City-State-Zip: JACKSONVILLE FL 32256 City-State-Zip:

Title CEO

City-State-Zip:

Title CEO NEVILLE, WILLIAM Name

HELFRICH, JOSEPH Name 10401 DEERWOOD PARK BLVD. Address

10401 DEERWOOD PARK BLVD. Address **SUITE 2300** 

**SUITE 2300** JACKSONVILLE FL 32256

City-State-Zip: TREVOSE PA 19053 City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR** 

Name CONYACK, HOWARD Name ZISMAN, MICHAEL

10401 DEERWOOD PARK BLVD. Address Address 10401 DEERWOOD PARK BLVD. **SUITE 2300** 

**SUITE 2300** 

City-State-Zip: TREVOSE PA 19053 City-State-Zip: TREVOSE PA 19053

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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.

11/10/2020 SIGNATURE: JOSEPH HELFRICH **EVP** 

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name BURCH, CARY G

Address 10401 DEERWOOD PARK BLVD.

**SUITE 2300** 

City-State-Zip: TREVOSE PA 19053