2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # FOO

F00000001853

Mailing Address
ONE HARBOR DRIVE

STE 300

1. Entity Name

Principal Place of Business

ONE HARBOR DRIVE

STE 300

IGNITION MORTGAGE TECHNOLOGY SOLUTIONS, INC.



FILED Apr 04, 2003 8:00 am Secretary of State

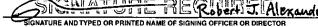
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SAUSALITO C	A 94965	SAUSALITO CA 94965 US				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 94-3309563 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
103 NORT	ECT AGENTS TH MERIDIAN STREET, LOWER LEV	ÆL	Street A	Address (P.O. Box Number is Not Acceptable)		
IALLAHA	SSEE FL 32301		City	FL Zip Code		
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	registered office o	or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State [®]		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Albrigo, Edward One Harbor Drive Ste 300 Sausalito Ca 94965	🔀 Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Albrigo, Edward One Harbor Drive, Ste. 300 Sausalito, CA 94965		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASELLI, PETER ONE HARBOR DRIVE STE 300 SAUSALITO CA 94965	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mascifi. Peter Ste 300		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALEXANDER, ROBERT ONE HARBOR DRIVE STE 300 SAUSALITO CA 94965	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Taylor, James Ste 300		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REYNOLDS, GREGORY ONE HARBOR DRIVE STE 300 SAUSALITO CA 94965	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Reynold, Gregory		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAY, MICHAEL ONE HARBOR DRIVE STE 300 SAUSALITO CA 94965	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CUTY-ST-ZIP	D RYAN, ROBERT ONE HARBOR DRIVE STE 300	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP	☐ Change ☐ Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



Secretary

03-26-03 (415)381-6311

Daytime Phone #

CR2E034 (10/