

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90094 003 ***550.00

DOCUMENT # F00000002062

1. Entity Name
LD EXCHANGE.COM, INC.

Principal Place of Business
2510 N. REDHILL AVE., STE. 230
SANTA ANA CA 92705-5542

Mailing Address
2510 N. REDHILL AVE., STE. 230
SANTA ANA CA 92705-5542

2. Principal Place of Business
4050 Calle Real
 Suite, Apt. #, etc.

3. Mailing Address
4050 Calle Real
 Suite, Apt. #, etc.

City & State
Santa Barbara CA
 Zip
93110
 Country
USA

City & State
Santa Barbara CA
 Zip
93110
 Country
USA

4. FEI Number
33-0740085

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS STREET
SUITE 2
FLORIDA FL 32301

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD SNEDEGAR, JOHN**
 STREET ADDRESS **2510 N. REDHILL AVE., STE. 230**
 CITY-ST-ZIP **SANTA ANA CA 92705-5542**

TITLE ☐ Change ☒ Addition
 NAME **Vice President Richard Cox**
 STREET ADDRESS **4050 Calle Real**
 CITY-ST-ZIP **Santa Barbara, California 93110**

TITLE ☐ Delete
 NAME **VD STONE, PATRICK F**
 STREET ADDRESS **2510 N. REDHILL AVE., STE. 230**
 CITY-ST-ZIP **SANTA ANA CA 92705-5542**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S ROOT, JOSEPH E**
 STREET ADDRESS **2510 N. REDHILL AVE., STE. 230**
 CITY-ST-ZIP **SANTA ANA CA 92705-5542**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T CHRISTIANSEN, DALE**
 STREET ADDRESS **2510 N. REDHILL AVE., STE. 230**
 CITY-ST-ZIP **SANTA ANA CA 92705-5542**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/02

Daytime Phone #

CR2E034 (4/02)