2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
04-24-2001 90047 005 ***150.00

DOCUMENT # F00000002162

1. Entity Name
ECREDIT.COM, INC.

Principal Place of Business	Mailing Address
20 CAREMATRIX DRIVE DEDHAM MA 02026	20 CAREMATRIX DRIVE DEDHAM MA 02026

Y54847

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Dedham ma Suite, Apt. #, etc.	20 CAREMATRIX DRIVE Suite, Apt. #, etc.
City & State: Dedham ma	City & State: Dedham ma
Zip: 02026 Country:	Zip: 02026 Country:

4. FEI Number 04-3204273 ☐ Applied For ☐ Not Applicable

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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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.

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

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 $150.00
After MAY 1, 2001 Fee will be $550.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DC SRINIVASAN, VENKAT 20 CAREMATRIX DRIVE DEDHAM MA 02026	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO, DIRECTOR CHRISTOPHER RICHMOND 20 CAREMATRIX DRIVE DEDHAM MA 02026	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NUNNELLY, MARK 2 COPLEY PLACE BOSTON MA 02116	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR KENNETH FOX ONE MARKET SPEAR TOWER SUITE 307 SAN FRANCISCO CA 94105	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KONTOGOURIS, VENETIA 200 NYALA FARMS WESTPORT CT 06880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR RON HOVSEPIAN ONE BOSTON PLACE 23RD FLOOR BOSTON MA 02108	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CURME, OLIVER 20 WILLIAM STREET WELLESLEY MA 02481	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR CHRISTOPHER KLEIN 600 THE SAFEGUARD BUILDING 435 DEVON PARK DRIVE WAYNE PA 19087	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DRAPER, WILLIAM 50 CALIFORNIA STREET SAN FRANCISCO CA 94111-4601	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FULLERTON, JOHN<br~~60 WALL STREET~~ 15 Broad St. 22nd Floor NEW YORK NY 10260	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: X _____ 4/19/01 781-752-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #