

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

06709930
AB

04-28-2003 91317 041 ***150.00

DOCUMENT # **F01000001023**



1. Entity Name
MONEYTREE LENDING (CORPORATION)

Principal Place of Business
**2301 COFFEE ROAD
MODESTO CA 95355**

Mailing Address
**2301 COFFEE ROAD
MODESTO CA 95355**



2. Principal Place of Business
100 Poplar Ave
Suite, Apt. #, etc.

3. Mailing Address
100 Poplar Ave
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Modesto CA
Zip
95354
Country
Stanislaus

City & State
Modesto CA
Zip
95354
Country
Stanislaus

4. FEI Number **77-0104921**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RUNYON, MARK J	
STREET ADDRESS	2301 COFFEE RD	
CITY-ST-ZIP	MODESTO CA	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PATTON, JAMES H	
STREET ADDRESS	3907 REDONDO WAY	
CITY-ST-ZIP	KLAMATH FALLS OR	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOWE, RODNEY K	
STREET ADDRESS	609 CHERRY HILL COURT	
CITY-ST-ZIP	MODESTO CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Runyon, Mark J	
STREET ADDRESS	100 Poplar Ave	
CITY-ST-ZIP	Modesto, CA 95354	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lowe, Rodney K	
STREET ADDRESS	1500 Scenic Dr #14	
CITY-ST-ZIP	Modesto, CA 95355	
TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diana Grossman	
STREET ADDRESS	1521 Rose Garden Ct.	
CITY-ST-ZIP	Modesto, CA 95356	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE REQUIRED Mark Runyon** 4-24-03 209-519-1070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)