2002 UNIFORM BUSINESS REPORT (UBR)

F01000006373 **DOCUMENT #**

1. Entity Name

ENCOR	E CREDIT CORP.			07-18-2002 90126 024 ***558.75
Principal Place of Business 101 INNOVATION DRIVE SUITE 200 IRVINE CA 92612		Mailing Address 101 INNOVATION DRIVE SUITE 200 IRVINE CA 32612		
2. Principal	Place of Business	3. Mailing Address	.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 33-0986192 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current Re	egistered Agent	<u> </u>	7. Name and Address of New Registered Agent
í	RVICES, INC. ARK AVE.		Name Street	Address (P.O. Box Number is Not Acceptable)
TALLAHA	ASSEE.FL 32301			
			City	FL Zip Code
8. The above the obliga	e named entity submits this statement for the titions of registered agent.	ne purpose of changing its	registered office of	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 signs	ature required when reinstating) DATE •-
Tax filing requirement and elects to do so. After September			!! FEE IS \$550 , 2002 Fee will le le to Departmer	be \$750.00 10. Election Campaign Financing _ \$5.00 May Be
11,	OFFICERS AND DI		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOLDER, STEVEN G 17 CORPORATE PLAZA DRIVE NEWPORT BEACH CA 92660	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD M Change Addition Steven G. Holder 101 Innovation Drive, Suite 200 Irvine, CA 92612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DAURIO, JON R 17 CORPORATE PLAZA DRIVE NEWPORT BEACH CA 92660	☐ Deleta	TITLE NAME STREET ADDRESS	P
TITLE NAME	NEWFORI BEACH CA 92000	☐ Delete	CITY-ST-ZIP	Trvine, CA 92612. DVS \textstyle Change \textstyle Addition
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	Jon R. Daurio 101 Innovation Drive, Suite 200 Irvine, CA 92612
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>-</u>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MOSINE QUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(949) 509--4603

Daytime Phone #

FILED

Jul 18, 2002 8:00 am Secretary of State