

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90273 025 ***150.00

DOCUMENT # F02000002180

1. Entity Name
GREENLIGHT FINANCIAL SERVICES, INC.



Principal Place of Business
**8105 IRVINE CENTER DRIVE
SUITE 100
IRVINE, CA 92618**

Mailing Address
**8105 IRVINE CENTER DRIVE
SUITE 100
IRVINE, CA 92618**

60027276



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052006

Chg-P

CR2E034 (11/05)

4. FEI Number
33-0973601

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
PHAM, JOANN Q
8105 IRVINE CENTER DRIVE, #100
IRVINE, CA 92618** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SENIOR VP
SOMMER, STACEY
8105 IRVINE CENTER DRIVE, #100
IRVINE, CA 92618** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
PHAM, JOANN Q
8105 IRVINE CENTER DRIVE, SUITE 100
IRVINE, CA 92618** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
PENA, ROLANDO
8105 IRVINE CENTER DRIVE, SUITE 100
IRVINE, CA 92618** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
LISINICCHIA, JEFFREY
8105 IRVINE CENTER DRIVE, SUITE 100
IRVINE, CA 92618** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
BENTIVEGNA, JOSEPH F
8105 IRVINE CENTER DRIVE, SUITE 100
IRVINE, CA 92618** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EXECUTIVE VP
GEORGE JAY MENDOZA
8105 IRVINE CENTER DR. #100
IRVINE, CA 92618** ☐ Change ☒ Addition

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **JEFFREY LISINICCHIA, CFO** *Jeffrey Lisinicchia* **4/6/06** **(949)265-4693**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #