

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002180

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: GREENLIGHT FINANCIAL SERVICES, INC.

## Current Principal Place of Business:

8105 IRVINE CENTER DRIVE  
SUITE 100  
IRVINE, CA 92618

## New Principal Place of Business:

## Current Mailing Address:

8105 IRVINE CENTER DRIVE  
SUITE 100  
IRVINE, CA 92618

## New Mailing Address:

FEI Number: 33-0973601      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEXIS DOCUMENT SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: PHAM, JOANN Q  
Address: 8105 IRVINE CENTER DRIVE, #100  
City-St-Zip: IRVINE, CA 92618

Title: VP ( ) Delete  
Name: SOMMER, STACEY  
Address: 8105 IRVINE CENTER DRIVE, #100  
City-St-Zip: IRVINE, CA 92618

Title: SEC ( ) Delete  
Name: PHAM, JOANN Q  
Address: 8105 IRVINE CENTER DRIVE, SUITE 100  
City-St-Zip: IRVINE, CA 92618

Title: VP ( ) Delete  
Name: PENA, ROLANDO  
Address: 8105 IRVINE CENTER DRIVE, SUITE 100  
City-St-Zip: IRVINE, CA 92618

Title: CFO ( ) Delete  
Name: LISINICCHIA, JEFFREY  
Address: 8105 IRVINE CENTER DRIVE, SUITE 100  
City-St-Zip: IRVINE, CA 92618

Title: EXVP (X) Delete  
Name: MENDOZA, GEORGE J  
Address: 8105 IRVINE CENTER DRIVE  
City-St-Zip: IRVINE, CA 92618

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY LISINICCHIA

CFO

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date