

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

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90127 015 \*\*\*150.00

0A57592 AT

**DOCUMENT # F02000002180**

1. Entity Name  
**GREENLIGHT FINANCIAL SERVICES, INC.**



Principal Place of Business  
**2600 MICHELSON DRIVE, SUITE 650  
IRVINE CA 92612**

Mailing Address  
**2600 MICHELSON DRIVE, SUITE 650  
IRVINE CA 92612**



2. Principal Place of Business  
**8105 Irvine Center Drive**

3. Mailing Address  
**8105 Irvine Center Drive**

Suite/Apt. #, etc.  
**100**

Suite/Apt. #, etc.  
**100**

City & State  
**Irvine, CA**

City & State  
**Irvine, CA**

4. FEI Number **33-0973601**

Applied For  
 Not Applicable

Zip **92618** Country **USA**

Zip **92618** Country **USA**

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEXIS DOCUMENT SERVICES, INC.  
3953 W.W. KELLEY ROAD  
TALLAHASSEE FL 32311**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCEO</b> <b>PHAM, JOANN Q</b> <b>2600 MICHELSON DRIVE, SUITE 650</b> <b>IRVINE CA 92612</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>PHAM, BAC HOANG</b> <b>3370 MIRA LOMA</b> <b>ANAHAEM CA 92648</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SOMMER, STACEY</b> <b>2600 MICHELSON DRIVE, SUITE 650</b> <b>IRVINE CA 92612</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MASTERS, MILES</b> <b>2600 MICHELSON DRIVE, SUITE 650</b> <b>IRVINE CA 92612</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>PENA, ROLANDO</b> <b>2600 MICHELSON DRIVE, SUITE 650</b> <b>IRVINE CA 92612</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>8105 Irvine Center Drive, Suite 100</b> <b>Irvine, CA 92618</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>8105 Irvine Center Drive, Suite 100</b> <b>IRVINE, CA 92618</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>8105 Irvine Center Drive, Suite 100</b> <b>IRVINE, CA 92618</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>8105 Irvine Center Drive, Suite 100</b> <b>IRVINE, CA 92618</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>JEFFREY LISINICCHIA</b> <b>8105 Irvine Center Drive, Suite 100</b> <b>IRVINE, CA 92618</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Jeffrey Lisinichia  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/03 944-265-4693  
Date Daytime Phone #

CR2E034 (10/02)