

# **2004 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F02000004674

Entity Name: THE LENDING FACTORY, INC.

**FILED**  
**Oct 22, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

1426 CRESCENT ROAD  
HALFMOON, NY 12065

**New Principal Place of Business:**

**Current Mailing Address:**

1426 CRESCENT ROAD  
HALFMOON, NY 12065

**New Mailing Address:**

FEI Number: 14-1816879

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MCLEOD, DOROTHY R  
254 NW TOSCANE TRAIL  
PORT ST. LUCIE, FL 34986 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: CP ( ) Delete  
Name: MCLEOD, MARK ELLIOTT  
Address: 91 ROCKHURST RD  
City-St-Zip: QUEENSBURY, NY 12804

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK E. MCLEOD

PRES

10/22/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date