

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90183 026 ***150.00

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1. Entity Name
ECONDUIT CORPORATION



Principal Place of Business
17701 COWAN
IRVINE CA 92614

Mailing Address
COMPLIANCE DEPT. NEW CENTURY MORTGAGE CORP
18400 VON KARMAN, SUITE 1000
IRVINE CA 92612

11010240



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 48-1282845

Applied For
Not Applicable

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

PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE FL 32303

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, 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 PD ☐ Delete
NAME LOEWENTHAL, MARC
STREET ADDRESS 17701 COWAN
CITY-ST-ZIP IRVINE CA 92614

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

TITLE EVD ☐ Delete
NAME LEMIEUX, JEFF
STREET ADDRESS 17701 COWAN
CITY-ST-ZIP IRVINE CA 92614

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

TITLE EV ☐ Delete
NAME BROWN, JAMES AKA BUZZ
STREET ADDRESS 17701 COWAN
CITY-ST-ZIP IRVINE CA 92614

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

TITLE V ☐ Delete
NAME LOGSDON, DAVID
STREET ADDRESS 17701 COWAN
CITY-ST-ZIP IRVINE CA 92614

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

TITLE VS ☒ Delete
NAME DANT, MELISSA
STREET ADDRESS 18400 VON KARMAN, SUITE 1000
CITY-ST-ZIP IRVINE CA 92612

TITLE Vice President/Secretary ☒ Change ☐ Addition
NAME Jennifer Jewett
STREET ADDRESS 18400 Von Karman, Suite 1000
CITY-ST-ZIP Irvine, CA 92612

TITLE AS ☐ Delete
NAME HILL, KIMBERLY
STREET ADDRESS 18400 VON KARMAN, SUITE 1000
CITY-ST-ZIP IRVINE CA 92612

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

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, 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(949) 477-7010

Date

Daytime Phone #

CR2E034 (10/02)