04

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

04 JAN -6 PM 3:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F03000002017

1. Entity Name

American Residential Funding, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3200 Bristol St.	3200 Bristol St.
Suite, Apt. #, etc. 7th Floor	Suite, Apt. #, etc. 7th Floor
City & State Costa Mesa CA	City & State Costa Mesa CA
Zip 92626 Country USA	Zip 92626 Country USA

4. FEI Number 880387203 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays St.

City: Tallahassee FL Zip Code: 32301

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: N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	CEO, President, Director
NAME	Vincent Rinehart
STREET ADDRESS	3200 Bristol St., 7th Floor
CITY-ST-ZIP	Costa Mesa CA 92626
TITLE	CFO, Secretary, Director
NAME	Veneranda Toledo
STREET ADDRESS	3200 Bristol St., 7th Floor
CITY-ST-ZIP	Costa Mesa CA 92626
TITLE	COO, Director
NAME	David Villarreal
STREET ADDRESS	3200 Bristol St., 7th Floor
CITY-ST-ZIP	Costa Mesa CA 92626
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: David Villarreal 1/2/04 714-866-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #