

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000005391

Entity Name: LOANSNAP.COM, INC.

FILED
Sep 21, 2007
Secretary of State

Current Principal Place of Business:

31 COMMERCIAL STREET
SHARON, MA 02067

New Principal Place of Business:

18 CENTRAL STREET
FOXBORO, MA 02035

Current Mailing Address:

31 COMMERCIAL STREET
SHARON, MA 02067

New Mailing Address:

18 CENTRAL STREET
FOXBORO, MA 02035

FEI Number: 04-3480109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: NRAI SERVICES, INC.

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TOMASELLI, STEPHEN R
Address: 31 COMMERCIAL STREET
City-St-Zip: SHARON, MA 02067

Title: SD () Delete
Name: GREELEY, MICHAEL J
Address: 31 COMMERCIAL STREET
City-St-Zip: SHARON, MA 02067

Title: TD () Delete
Name: SIMONE, ROBERT J
Address: 31 COMMERCIAL STREET
City-St-Zip: SHARON, MA 02067

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TOMASELLI, STEPHEN R
Address: 18 CENTRAL STREET
City-St-Zip: FOXBORO, MA 02035

Title: SD (X) Change () Addition
Name: GREELEY, MICHAEL J
Address: 18 CENTRAL STREET
City-St-Zip: FOXBORO, MA 02035

Title: TD (X) Change () Addition
Name: SIMONE, ROBERT J
Address: 18 CENTRAL STREET
City-St-Zip: FOXBORO, MA 02035

Title: VP () Change (X) Addition
Name: MARTINELLI, DAVID J
Address: 18 CENTRAL STREET
City-St-Zip: FOXBORO, MA 02035

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: STEPHEN R. TOMASELLI

PD

09/21/2007

Electronic Signature of Signing Officer or Director

Date